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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90043 015 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 420749

1. Corporation Name

INTERCOASTAL UTILITIES, INC.

Principal Place of Business

**1300 RIVERPLACE BLVD.
STE 620
JACKSONVILLE FL 32207
US**

Mailing Address

**1300 RIVERPLACE BLVD.
STE 620
JACKSONVILLE FL 32207
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1973

4. FEI Number

59-2320184

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANNEN, W M
1300 RIVERPLACE BLVD.
STE 610
32207**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE

NAME **BURPEE, A L JR**
STREET ADDRESS **1300 GULF LIFE DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **PD** ☐ DELETE

NAME **JAMES, H R**
STREET ADDRESS **6215 WILSON BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **SVTD** ☐ DELETE

NAME **BRANNEN, W M**
STREET ADDRESS **1300 GULF LIFE DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **DV** ☐ DELETE

NAME **OUTLAW, A. L.**
STREET ADDRESS **1300 GULF LIFE DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **TOWERS, JR., C. D.**
STREET ADDRESS **1300 GULF LIFE DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **DV** ☐ DELETE

NAME **WILLIAMS, BURCH**
STREET ADDRESS **20 LONG HILL FARM**
CITY-ST-ZIP **GUILFORD, CONN 00000**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. M. Brannen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/99

Daytime Phone #

904-396-1010