

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 420749

1. Entity Name

INTERCOASTAL UTILITIES, INC.



Principal Place of Business

6215 WILSON BLVD
JACKSONVILLE, FL 32210 US

Mailing Address

6215 WILSON BLVD
JACKSONVILLE, FL 32210 US



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2320184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BURPREE, A.L.
6215 WILSON BLVD
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DVST
NAME BURPEE, A L JR
STREET ADDRESS 6215 WILSON BLVD
CITY - ST - ZIP JACKSONVILLE, FL 32210

TITLE DP
NAME TOWERS, JR., C. D.
STREET ADDRESS 6215 WILSON BLVD
CITY - ST - ZIP JACKSONVILLE, FL

TITLE DC
NAME WILLIAMS, BURCH
STREET ADDRESS 20 LONG HILL FARM
CITY - ST - ZIP GUILFORD, CT

TITLE ASAT
NAME WILLIAMSON, DIANNE
STREET ADDRESS 6215 WILSON BLVD.
CITY - ST - ZIP JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000121931
04/21/04-80009-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/04 904-728-1888
Date Daytime Phone #