

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 532310 (0)

1. Corporation Name

COASTAL ENGINEERING CONSULTANTS, INC.

Principal Place of Business

3106 S HORSESHOE DR.
NAPLES FL 33942

Mailing Address

3106 S HORSESHOE DR.
NAPLES FL 33942



3. Date Incorporated or Qualified
04/05/1977

3a. Date of Last Report
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1728628

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODLETTE, J. DUDLEY

~~600 FIFTH AVE. S.~~

~~SUITE 300~~

NAPLES FL

81 Name

Goodlette, J. Dudley

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

4001 TAMiami TRAIL, North
Suite 300

83

84 City

NAPLES

FL

85 Zip Code

33940

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 ☐ DELETE

NAME PD
DANE, KRIS
STREET ADDRESS 1300 DOLPHIN RD.
CITY - ST - ZIP NAPLES, FL 00000

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD
STEPHEN, MICHAEL F.
1.3 STREET ADDRESS 374 S. GOLF DRIVE
1.4 CITY - ST - ZIP Naples, FL

TITLE ☐ DELETE

NAME VSTD
STEPHEN, MICHAEL F
STREET ADDRESS 374 S. GOLF DRIVE
CITY - ST - ZIP NAPLES, FL 00000

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VD
DANE, KRIS A.
2.3 STREET ADDRESS 1300 DOLPHIN RD.
2.4 CITY - ST - ZIP Naples, FL

TITLE ☐ DELETE

NAME VD
EWING, RICHARD J
STREET ADDRESS 2800 MEADOW CT APT 204
CITY - ST - ZIP NAPLES FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SD
DANE DOUGLAS J.
3.3 STREET ADDRESS 6240 Cypress Hollow Way
3.4 CITY - ST - ZIP Naples, FL

TITLE ☐ DELETE

NAME VD
DANE, DOUGLAS J
STREET ADDRESS 6240 CYPRESS HOLLOW WAY
CITY - ST - ZIP NAPLES FL

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME T
WESTON, DAVID E
4.3 STREET ADDRESS 4448 1st Ave., SW
4.4 CITY - ST - ZIP Naples, FL

TITLE ☐ DELETE

NAME VD
WESTON, DAVID E.
STREET ADDRESS 4748 1ST AVE SW
CITY - ST - ZIP NAPLES FL

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME V
ASTOR, JOHN P.
5.3 STREET ADDRESS 368 HAWSEY LANE
5.4 CITY - ST - ZIP Naples, FL

TITLE ☐ DELETE

NAME V
EWING, RICHARD J.
STREET ADDRESS 182 Rose Way
CITY - ST - ZIP Naples, FL

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME V
EWING, RICHARD J.
6.3 STREET ADDRESS 182 Rose Way
6.4 CITY - ST - ZIP Naples, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: David E. Weston DAVID E. WESTON 4-22-96 (410) 648-2324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)