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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90057 001 ***476.25
04-14-1999 90157 042 ***122.50

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 532310

1. Corporation Name
COASTAL ENGINEERING CONSULTANTS, INC.

Principal Place of Business	Mailing Address
3106 S HORSESHOE DR. NAPLES FL 34104 US	3106 S HORSESHOE DR. NAPLES FL 34104 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/05/1977

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-1728628 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

GOODLETTE, J. DUDLEY
4001 TAMIAMI TRAIL NORTH SUITE 300
STE 300
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name: BROWN, DENNIS C ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): BOND, SHOENECK AND KING, P.A.
83: 1167 Third St., South
84 City: NAPLES FL 85 Zip Code: 34102

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] 4/7/99
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEPHEN, MICHAEL F		1.2 NAME	
STREET ADDRESS	374 S GOLF DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DANE, DOUGLAS J.		2.2 NAME	
STREET ADDRESS	6240 CYPRESS HOLLW WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WESTON, DAVID E.		3.2 NAME	
STREET ADDRESS	4748 1ST AVE, S.W.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ASHER, JOHN P.		4.2 NAME	
STREET ADDRESS	368 HAWSER LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EWING, RICHARD J		5.2 NAME	
STREET ADDRESS	982 ROSE WAY		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: [signature] DAVID E. WESTON 1-4-98 941-643-2324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #