FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 29 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **534556** **(6)**

1. Corporation Name
COASTAL STEVEDORING COMPANY

Principal Place of Business	Mailing Address
1900 OLD DIXIE HWY FT. PIERCE FL 34946-1497 US	1900 OLD DIXIE HIGHWAY FT. PIERCE FL 34946-1497 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/08/1977**
3a. Date of Last Report: **03/28/1994**

2. Principal Place of Business
21 **SAME**
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: **59-1734725** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

REED, GLEN W
1900 OLD DIXIE HWY
FT. PIERCE FL 34946

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	GILET, JEAN J.	12 NAME	
STREET ADDRESS	1900 OLD DIXIE HWY	13 STREET ADDRESS	600001444626
CITY-ST-ZIP	FT. PIERCE FL	14 CITY-ST-ZIP	-03/31/95--01020--025 ****200.00 ****200.00
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	REED, GLEN W	22 NAME	
STREET ADDRESS	1900 OLD DIXIE HWY	23 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	24 CITY-ST-ZIP	
TITLE	ASD	31 TITLE	☐ Change ☐ Addition
NAME	NELSON, GREGORY P.	32 NAME	
STREET ADDRESS	1900 OLD DIXIE HWY	33 STREET ADDRESS	
CITY ST ZIP	FT. PIERCE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	3/29/95 TS
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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.

SIGNATURE: Gregory P. Nelson GREGORY P. NELSON, SECRETARY 3/24/95 407-465-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0382269 CP