

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 # 854497 (5)

1. Corporation Name

COASTAL STATES EXPLORATION, INC.



Principal Place of Business

315 BELLEVILLE AVENUE
PO DRAWER 649
BREWTON FL 36427

Mailing Address

315 BELLEVILLE AVENUE
PO DRAWER 649
BREWTON FL 36427

3. Date Incorporated or Qualified

10/26/1982

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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City & State

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City & State

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Zip

Country

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Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHEM, W. SPENCER
7TH FL., BLOUNT BLDG., P.O. BOX 12950
PENSACOLA FL 32576

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 607.0402 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and the filing officer)

(Not the Registered Agent's signature required when not changing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME
PTD
MCMILLAN, THOMAS E JR
315 BELLEVILLE AVENUE
BREWTON, AL 0

DELETE

2. NAME

STREET ADDRESS
MCMILLAN, THOMAS E JR
315 BELLEVILLE AVENUE
BREWTON, AL 00000

DELETE

3. CITY-STATE-ZIP

NAME
VSD
OWENS, PAUL D JR
315 BELLEVILLE AVENUE
BREWTON, AL 00000

DELETE

4. CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. McMillan, Jr. President 1/16/96 334-867-2981

DATE

PHONE NUMBER

CR2E034 (12/95)