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 # **F93000000795 (5)**

1. Corporation Name

COASTAL ENGINEERING SERVICES, INC.

Principal Place of Business	Mailing Address
1008 E. RIVIERA BLVD. OVIEDO FL 32765 US	1008 E. RIVIERA BLVD. OVIEDO FL 32765 US

2. Principal Place of Business 21 815 Eyrie Drive Suite, Apt. #, etc. 22 Suite 1A City & State 23 Oviedo, FL Zip 24 32765 Country 25 U.S.A.	2a. Mailing Address 26 815 Eyrie Drive Suite, Apt. #, etc. 27 Suite 1A City & State 28 Oviedo, FL Zip 29 32765 Country 30 U.S.A.

3. Date Incorporated or Qualified: 02/16/1993	3a. Date of Last Report: 06/19/1995
4. FEI Number: 52-1765390	☐ 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 ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

BODDORFF, THOMAS C. P
1008 E. RIVIERA BLVD.
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 5610 S. LAKE BURKETT LN

83

84 City: WINTER PARK FL 85 Zip Code: 32792

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] DATE: 1/21/96

Signature, typed or printed name, and capacity or relationship to the corporation (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DCP	☐
NAME	BODDORFF, THOMAS C	
STREET ADDRESS	391 BERKSHIRE DR.	
CITY-ST-ZIP	RIVA MD 21140	
TITLE	DS	☐
NAME	BODDORFF, TERRI R	
STREET ADDRESS	391 BERKSHIRE DR.	
CITY-ST-ZIP	RIVA MD 21140	
TITLE	DVC	☐
NAME	BODDORFF, JAMES R.	
STREET ADDRESS	36 HARVEST LANE	
CITY-ST-ZIP	WEST GROVE PA	
TITLE	T	☐
NAME	RICH, HENRI	
STREET ADDRESS	19 PLEASURE RD.	
CITY-ST-ZIP	LANCASTER PA 17601	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1-1 TITLE		☒	☐
1-2 NAME			
1-3 STREET ADDRESS	5610 S. LAKE BURKETT LN		
1-4 CITY-ST-ZIP	WINTER PARK FL 32792		
2-1 TITLE		☒	☐
2-2 NAME			
2-3 STREET ADDRESS	5610 S. LAKE BURKETT LN		
2-4 CITY-ST-ZIP	WINTER PARK FL 32792		
3-1 TITLE		☐	☒
3-2 NAME			
3-3 STREET ADDRESS			
3-4 CITY-ST-ZIP	WEST GROVE PA 19390		
4-1 TITLE		☒	☐
4-2 NAME			
4-3 STREET ADDRESS	105 W. ROSEVILLE RD		
4-4 CITY-ST-ZIP	LANCASTER PA 17601-3929		
5-1 TITLE		☐	☐
5-2 NAME			
5-3 STREET ADDRESS			
5-4 CITY-ST-ZIP			
6-1 TITLE		☐	☐
6-2 NAME			
6-3 STREET ADDRESS			
6-4 CITY-ST-ZIP			

CR2E034 (12/95)

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 any attachment with an address.

SIGNATURE: [signature] THOMAS C. BODDORFF 1/21/96 407-365-0885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046126 CP