

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:08

DOCUMENT # G42947 (3)
1. Corporation Name COAST PARKING AREA MAINTENANCE CORP.

Principal Place of Business 127 PONCE TERRACE CIRCLE PONCE INLET FL 32127	Mailing Address 127 PONCE TERRACE CIRCLE PONCE INLET FL 32127
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/09/1983	3a. Date of Last Report 03/01/1994
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FBI Number 59-2374690	Applied For Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent OSTERNDORF, RICHARD J. 327 S PALMETTO DAYTONA BEACH FL 32115		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	
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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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DIEMICKE, AUGUST	1.2 NAME	
STREET ADDRESS	127 PONCE TERRACE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET, FL 00000 32127	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	DIEMICKE JR., AUGUST	2.2 NAME	
STREET ADDRESS	127 PONCE TERRACE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL 32127	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: August Diemicke 1-25-95 904-788-1083
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 AUGUST DIEMICKE