

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G57859** (2)
1. Corporation Name
EAST COAST TRANSPORTATION, INC.



Principal Place of Business: 1112 3RD ST. NEPTUNE BEACH FL 32266-5024
Mailing Address: 1112 3RD ST. NEPTUNE BEACH FL 32266-5024

3. Date Incorporated or Qualified: 09/01/1983
3a. Date of Last Report: 06/09/1995
4. FEI Number: 59-2363401
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

2. Principal Place of Business
21. 14125 BEACH BLVD
22. Jacksonville FL
23. 32250
24. 32250
2a. Mailing Address
26. 14125 BEACH BLVD
27. Jacksonville FL
28. Jacksonville FL
29. 32250
30. 32250

9. Name and Address of Current Registered Agent
FRANKS, CHARLES GREGORY
32 OAKWOOD RD
JACKSONVILLE BEACH FL 32250
10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

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 607.0506, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: FRANKS, MARY ARMBRUSTER STREET ADDRESS: 32 OAKWOOD RD. CITY-ST-ZIP: JACKSONVILLE BCH. FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: FRANKS, CHARLES GREGORY STREET ADDRESS: 32 OAKWOOD RD. CITY-ST-ZIP: JACKSONVILLE BCH. FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
C NAME: MELTON, BRUCE ALAN STREET ADDRESS: 2634 DAHLONEGA DR CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: MELTON, DONNA BARNES STREET ADDRESS: 2634 DAHLONEGA DR CITY-ST-ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: 4-9-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
DATE: 223-9828

CR2E034 (12/95)