

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H69396** (0)

1. Corporation Name:

COASTAL ELECTRIC SERVICE, INC.



Principal Place of Business

Mailing Address

INDUSTRIAL ROAD
RT. 1, BOX 834, STE. B
BIG PINE KEY FL 33043
US

RT. 1, BOX 834
SUITE B
BIG PINE KEY FL 33043
US

3. Date Incorporated or Qualified
08/01/1985

3a. Date of Last Report
07/25/1995

2. Principal Place of Business
21 **127 Industrial Road**
Suite, Apt., etc.
22 **Unit # 3**
City & State
23 **Big Pine Key, FL.**
Zip
24 **33043**
Country
25 **USA**

2a. Mailing Address
26 **127 Industrial Road**
Suite, Apt., etc.
27 **Unit # 3**
City & State
28 **Big Pine Key, FL.**
Zip
29 **33043**
Country
30 **USA**

4. FEI Number
59-2572360

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

10. Name and Address of New Registered Agent

NORMAND, ROBERT JOSEPH
RT. 5, BOX 338-A
BIG PINE KEY FL 33043

81 Name **Same**
82 Street Address (P.O. Box Number is Not Acceptable)
30312 Prince Road
83
84 City **Big Pine Key** FL 85 Zip Code **33043**

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

Robert J. Normand, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-15-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
V	NORMAND, MELANIE ANN	RT. 5, BOX 338-A N/A	BIG PINE KEY FL	<input type="checkbox"/>
P	NORMAND, ROBERT JOSEPH	RT. 5, BOX 338-A	BIG PINE KEY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
V	Melanie Normand, Ann	30312 Prince Road	Big Pine Key, FL, 33043	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	Robert Normand, Joseph	30312 Prince Road	Big Pine Key, FL, 33043	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-96 (305) 812-4133

CR2E034 (12/95)