FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 23 PM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J52974 (9)

1. Corporation Name
BICOASTAL HOLDING COMPANY

Principal Place of Business:
16229 VILLARREAL DE AVILA
TAMPA FL 33613

Mailing Address:
16229 VILLARREAL DE AVILA
TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

3. Date Incorporated or Qualified: **01/22/1987**

3a. Date of Last Report: **04/27/1994**

4. FEI Number: **59-2784798** ☐ 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

BILZERIAN, PAUL A
16229 VILLARREAL DE AVILA
TAMPA FL 33613

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

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	BILZERIAN, PAUL A
STREET ADDRESS	16229 VILLARREAL DE AVIL
CITY-ST-ZIP	TAMPA FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 — 1.1–6.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; blank)

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: Paul A Bilzerian 5/12/95 (813) 264-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0286231 CP

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APPROVED AND FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J53935 (9)

1. Corporation Name

AMERISEAL, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 8645 JACKSONVILLE FL 32239	POST OFFICE BOX 8645 JACKSONVILLE FL 32239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2850793 — 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 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

CARTER, MELVIN O.
102 NIGHTENGALE
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 3060 Leon Rd.
83
84 City: Jacksonville FL 85 Zip Code: 32246

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARTER, DARREN A.
STREET ADDRESS	4035 RIVER VALLEY RD S
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VTS
NAME	CARTER, SHERAN L
STREET ADDRESS	4035 RIVER VALLEY RD S — delete
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	CARTER, MELVIN O.
STREET ADDRESS	4035 RIVER VALLEY RD S
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P T D	X Change ☐ Addition
1.2 NAME	Melvin O. Carter	
1.3 STREET ADDRESS	3060 Leon Rd.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32246	
2.1 TITLE	V S D	XX Change ☐ Addition
2.2 NAME	Darren A. Carter	
2.3 STREET ADDRESS	3060 Leon Rd.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32246	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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]

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

0406931 FP