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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:40

DOCUMENT # **K87150** **(4)**

1. Corporation Name

COAST MARINE EQUIPMENT, INC.

Principal Place of Business

% JOAN L WHEELER
12500 TAMIAMI TRAIL
PUNTA GORDA FL 33955

Mailing Address

% JOAN L WHEELER
12500 TAMIAMI TRAIL
PUNTA GORDA FL 33955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1989

3a. Date of Last Report: 01/20/1994

2. Principal Place of Business: 21

2a. Mailing Address: 26

Suite, Apt #, etc.: 22

Suite, Apt #, etc.: 27

City & State: 23

City & State: 28

Zip: 24 Country: 25

Zip: 29 Country: 30

4. FEI Number: 65-0133628 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. The corporation has liability for intangible tax under § 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

HACKETT, JACK O II
FARR, FARR, EMERICH, SIFRIT AND HACKETT
115 WEST OLYMPIA AVE.
PUNTA GORDA FL 33951

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: (Signature of new or current registered agent required for filing of this document) (If the registered agent appointed or resigned after incorporation) (Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WHEELER, JOAN L.
STREET ADDRESS	3397 PEACE RIVER DR
CITY ST ZIP	HARBOR HEIGHTS FL
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

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 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 Sec. 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct and that my signature shall serve 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: Joan L. Wheeler — Joan L. Wheeler 1-11-95 — 813-637-6339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0335423 CP