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FILED

Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L62625 (3)  
1. Corporation Name  
COASTAL POWER, INC.

Principal Place of Business

P.O. BOX 946  
DESTIN FL 32540  
US

Mailing Address

P.O. BOX 946  
DESTIN FL 32540-0946  
US



2. Principal Place of Business

21 1090 N. Beal Parkway

Suite, Apt. #, etc.

22

City & State

23 Fort Walton Beach, Fl.

Zip

24 32547

Country

25 US

2a. Mailing Address

26 P.O. Box 1837

Suite, Apt. #, etc.

27

City & State

28 Fort Walton Beach, Fl.

Zip

29 32549

Country

30 US

3. Date Incorporated or Qualified

04/05/1990

3a. Date of Last Report

02/07/1996

4. FEI Number

59-3005784

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

HAMILTON, CARL T. SR.  
700 ELISE LANE  
DESTIN FL 32541

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HAMILTON, CARL T SR  
STREET ADDRESS P.O. BOX 946 N/A  
CITY-ST-ZIP DESTIN FL

TITLE S ☐ DELETE

NAME HAMILTON, GENEVIEVE W  
STREET ADDRESS P.O. BOX 946 N/A  
CITY-ST-ZIP DESTIN FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition

1.2 NAME Carl T. Hamilton, Sr.  
1.3 STREET ADDRESS 1090 N. Beal Parkway  
1.4 CITY-ST-ZIP Fort Walton Beach, Fl. 32547

2.1 TITLE VP/D ☒ Change ☐ Addition

2.2 NAME Genevieve W. Hamilton  
2.3 STREET ADDRESS 1090 N. Beal Parkway  
2.4 CITY-ST-ZIP Fort Walton Beach, Fl. 32547

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Carl T Hamilton Sr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/97

(904) 864-2553

Date

Daytime Phone #

CR2E034 (9/96)