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95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L84241** (3)

1. Corporation Name

COASTAL CRUISE LINES, INC.

Principal Place of Business

**6385 TURTLE MOUND RD
NEW SMYRNA BEACH FL 32169-710
US**

Mailing Address

**6385 TURTLE MOUND RD
NEW SMYRNA BEACH FL 32169-710
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1990

3a. Date of Last Report

04/18/1994

4. FEI Number

59-3085795

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. 199.002,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

30

9. Name and Address of Current Registered Agent

**BAUM, JOHN V.
111 SOUTH MAITLAND AVENUE
MAITLAND FL 32751**

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 agent or president name of registered agent and title if applicable

(If/31) Registered Agent signature required when transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	REILLY, GEORGE F.
STREET ADDRESS	6385 TURTLE MOUND RD.
CITY, ST, ZIP	NEW SMYRNA BCH FL
TITLE	ST
NAME	REILLY, GEORGE F.
STREET ADDRESS	6385 TURTLE MOUND RD.
CITY, ST, ZIP	NEW SMYRNA BCH 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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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)(b), Florida Statutes. I further certify that the information included 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 successor who is also 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:

George F. Reilly
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5/1/95
Date

904/428-0201
Telephone Number