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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P23577** **(0)**

1. Corporation Name

COASTAL BARGE CORPORATION

Principal Place of Business	Mailing Address
~~90 SKYLINE DR~~ ~~LAKE MARY FL 32746~~ US	~~90 SKYLINE DR~~ ~~LAKE MARY FL 32746~~ US

3. Date Incorporated or Qualified: **03/27/1989**
3a. Date of Last Report: **03/21/1995**

4. FEI Number: **59-2045223** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 2170 W. STATE Rd 434	26 2170 W. STATE Rd 434
Suite, Apt. #, etc. 22 Suite 420	Suite, Apt. #, etc. 27 Suite 420
City & State 23 Longwood, FL.	City & State 28 Longwood, FL.
Zip / Country 24 32779 / 25 Seminole	Zip / Country 29 32779 / 30 Seminole

9. Name and Address of Current Registered Agent

~~DOWD, E M~~
~~90 SKYLINE DRIVE,~~
~~LAKE MARY FL 32795~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 2170 W. STATE Rd 434, Ste 420

83

84 City: Longwood. **FL** 85 Zip Code: 32779

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] 4/29/96
Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCE DOWD, E. MICHAEL ~~90 SKYLINE DR~~ ~~LAKE MARY FL~~	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	CCE / SEC / TREAS 2170 W. STATE Rd 434 Ste 420 Longwood, FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ~~GIBBENS, STANTON~~ 30 SKYLINE DR LAKE MARY FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~DAVIS, DEBORAH R.~~ 2031 LAKE ALDEN DRIVE APOPKA FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DOWD, D. D ~~90 SKYLINE DR~~ ~~LAKE MARY FL~~	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	2170 W. STATE Rd 434 Ste 420 Longwood, FL 32779	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Wilson, Joan E. 2170 W. State Rd. 434 Ste. 420 Longwood, Fl. 32779	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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] 4/29/96 (407)865-7293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #