FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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
~~30 SKYLINE DR~~
~~LAKE MARY FL 32746~~
US

Mailing Address
~~30 SKYLINE DR~~
~~LAKE MARY FL 32746~~
US

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

2. Principal Place of Business
21 2170 W. STATE Rd 434
Suite, Apt. #, etc.
22 Suite 420
City & State
23 Longwood, FL.
Zip 24 32779 Country 25 Seminole

2a. Mailing Address
26 2170 W. STATE Rd 434
Suite, Apt. #, etc.
27 Suite 420
City & State
28 Longwood, FL.
Zip 29 32779 Country 30 Seminole

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

9. Name and Address of Current Registered Agent
DOWD, E M
~~30 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 DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when making change)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCE	☐ DELETE	1.1 TITLE	CCE / SEC / TREAS	☒ Change ☐ Addition
NAME	DOWD, E. MICHAEL		1.2 NAME		
STREET ADDRESS	~~30 SKYLINE DR~~		1.3 STREET ADDRESS	2170 W. STATE Rd 434 Ste 420	
CITY-ST-ZIP	~~LAKE MARY FL~~		1.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	V	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~GIBBENS, STANTON~~		2.2 NAME		
STREET ADDRESS	30 SKYLINE DR		2.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	LAKE MARY FL		2.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~DAVIS, DEBORAH R.~~		3.2 NAME		
STREET ADDRESS	2031 LAKE ALDEN DRIVE		3.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	DOWD, D. D		4.2 NAME		
STREET ADDRESS	~~30 SKYLINE DR~~		4.3 STREET ADDRESS	2170 W. STATE Rd 434 Ste 420	
CITY-ST-ZIP	~~LAKE MARY FL~~		4.4 CITY-ST-ZIP	Longwood, FL 32779	
TITLE	Assistant Secretary	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	Wilson, Joan E.		5.2 NAME		
STREET ADDRESS	2170 W. State Rd. 434 Ste. 420		5.3 STREET ADDRESS		
CITY-ST-ZIP	Longwood, Fl. 32779		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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 #

CR2E034 (12/95)