## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P92000001887 (8) DOCUMENT #

COASTLINE DIESEL, INC.

NAME

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Principal Place of Business Mailing Addross MOBIL MARINE SERVICE P.O. BOX 10054 12784 83RD LN N RIVIERA BEACH FL 33419 DO NOT WRITE IN THIS SPACE PALM BEACH GARDENS FL 33412 3. Date Incorporated or Qualified 11/04/1992 2. Principal Place of Business 2a. Mailing Address 4. FEt Number Applied For 21 65-0370206 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζφ Country 8. This corporation owes or has paid the currept year Intangible Personal Property Tax due June 30. ■ Yes ■ No 25 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARRISH, BRUCE W JR. 105 S NARCISSUS AVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 701 83 WEST PALM BEACH FL 33401 84 City 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition WALKER, WILLIAM D NAME 12 NAME 12784 83 LN STREET ADDRESS 13 STREET ADDRESS PALM BEACH GARDENS FL 33412 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE Change Addition

64 CITY-ST-ZIP 14. Thereby 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 trusted 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

3.2 NAME

4.1 TITL€

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

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3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST-ZIP

3.4. CITY - ST- ZIP

Change

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Addition

**FILED** 

May 12 1998 8:00am

Secretary of State