

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P93000038871 (8)**

1. Corporation Name

**COASTAL EXPLORATION, INC.**



Principal Place of Business

**6622 SOUTHPOINT DRIVE SOUTH  
SUITE 210  
JACKSONVILLE FL 32216**

Mailing Address

**6622 SOUTHPOINT DRIVE SOUTH  
SUITE 210  
JACKSONVILLE FL 32216**

2. Principal Place of Business

21 **13000 Sawgrass Village Circle**

Suite, Apt. #, etc.

22 **Suite 11**

City & State

23 **Ponte Vedra Beach, FL**

Zip

24 **32082**

Country

25 **U.S.A.**

2a. Mailing Address

26 **13000 Sawgrass Village Circle**

Suite, Apt. #, etc.

27 **Suite 11**

City & State

28 **Ponte Vedra Beach, FL**

Zip

29 **32082**

Country

30 **U.S.A.**

9. Name and Address of Current Registered Agent

**MATTSON, MICHAEL V  
1001 BLACKSTONE BLDG.  
233 E. BAY ST.  
JACKSONVILLE FL 32202**

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, typed or printed name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when re-stating)

(Date)

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE  
NAME **MCCURDY, O W JR**  
STREET ADDRESS **6622 SOUTHPOINT DR. S., #210**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **VTD** ☐ DELETE  
NAME **BREWER, DONALD R**  
STREET ADDRESS **3153 BRIDLEWOOD LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **VD** ☐ DELETE  
NAME **MCCURDY, SCOTT M**  
STREET ADDRESS **9205 EASTPORT TERRACE**  
CITY-ST-ZIP **ORLANDO FL 32817**

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 ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **13000 Sawgrass Village Circle, Suite 11**  
1.4 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

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 **8427 Amber Oak Drive**  
3.4 CITY-ST-ZIP **Orlando, FL 32814**

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)(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**O.W. McCurdy  
PRESIDENT**

**3/18/96**

**904/273-1800**

CR2E034 (12/95)