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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P93000038871 (8)**

1. Corporation Name

COASTAL EXPLORATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**13000 SAWGRASS VILLAGE CIRCLE
SUITE 11
PONTE VEDRA BEACH FL 32082
US**

**13000 SAWGRASS VILLAGE CIRCLE
SUITE 11
PONTE VEDRA BEACH FL 32082
US**

3. Date Incorporated or Qualified

05/28/1993

4. FEI Number

59-3190543

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4200-2 Baymeadows Rd

2a. Mailing Address

26 4200 Baymeadows Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jacksonville FL

City & State

28 Jacksonville FL

Zip

24 32217

Country

Zip

29 32217

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD** DELETE

NAME **MCCURDY, O W JR**

STREET ADDRESS **13000 SAWGRASS VILLAGE CIR., STE 11**

CITY-ST-ZIP **PONTE VEDRA BEACH FL**

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 **8427 AMBER OAK DRIVE**

CITY-ST-ZIP **ORLANDO FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

14. I hereby 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 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

4-30-98

CR2E034 (10/97)