

**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 # **P94000034700 (2)**

1. Corporation Name

**INTERCOASTAL CONTRACT SERVICES INC**



Principal Place of Business

Mailing Address

P O BOX 1323  
FERNANDINA BEACH FL 32034

P O BOX 1323  
FERNANDINA BEACH FL 32034

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**HALMINSKI, STEPHEN  
1504 CANTERBURY LANE  
FERNANDINA BEACH FL 32034**

3. Date Incorporated or Qualified

05/04/1994

3a. Date of Last Report

04/28/1995

4. FEI Number

59-3234862

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

10. Name and Address of New Registered Agent

81 Name **STEPHEN HALMINSKI**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **2700 MIZEL ST. 202 A**

84 City **FERNANDINA Bch**

FL

85 Zip Code **32035**

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 agent changes)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>POLK, JOHN N</b>	
STREET ADDRESS	<b>P O BOX 1323</b>	<b>N/A</b>
CITY - ST - ZIP	<b>FERNANDINA BEACH FL 32034</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HALMINSKI, STEPHEN W</b>	
STREET ADDRESS	<b>1504 CANTERBURY LANE</b>	
CITY - ST - ZIP	<b>FERNANDINA BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>Secretary/Treas.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<b>JULIE M. POLK</b>	<b>N/A</b>
3. STREET ADDRESS	<b>PO BOX 1323</b>	
4. CITY - ST - ZIP	<b>Fernandina Beach FL 32034</b>	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		

**500001769845  
-04/04/96--01097--009  
\*\*\*225.00**

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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-4-96 90427760178**

CR2E034 (12/95)