

**CORPORATION
ANNUAL REPORT**

1995

FLORIDA DEPARTMENT OF REVENUE
Division of Corporations

FILED

95 APR 12 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000042425 (6)

1. Corporation Name

COASTAL TIMBER COMPANY

Principal Place of Business

**66 CUNA SREET
STE. 8
ST. AUGUSTINE FL 32084**

Mailing Address

**66 CUNA SREET
STE. 8
ST. AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1994

3a. Date of Last Report

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

4. FBI Number

59 3250528

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**

9. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**DOESON, GEOFFREY B
66 CUNA SREET
STE. 8
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

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 (other than registered agent and title if applicable)

(NOTE: Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
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STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/T
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

**David J. Bruner
3000 North Ponce De Leon Blvd
St. Augustine, FL 32084**

☒ Change ☐ Addition

2.1 TITLE D/V/S
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

**T. Dwight Strickland
3000 North Ponce De Leon Blvd
St. Augustine, FL 32084**

☒ Change ☐ Addition

3.1 TITLE D
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

**Edward Paucek
3000 North Ponce De Leon Blvd
St. Augustine, FL 32084**

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

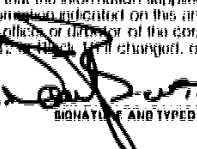
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

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 110.07(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  **President David J. Bruner**

Signature typed or printed (other than registered agent and title if applicable)

April 3, 1995 (904) 829-2571

Date

Telephone Number