

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059380 (3)

1. Corporation Name

COASTAL SURVEYING, INC.

Principal Place of Business

15249 N MAIN ST
JACKSONVILLE FL 32218

Mailing Address

15249 N MAIN ST
JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/09/1994

3a. Date of Last Report

4. FEI Number

59-3257478

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. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 10491 Pinehurst Dr.

2a. Mailing Address

26 P.O. Box 28404

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

24 32226

Country

25 Duval

Zip

29 32226

Country

30 Duval

9. Name and Address of Current Registered Agent

YOUNG, SPENCER
15249 N MAIN ST
JACKSONVILLE FL 32218

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

Spencer L. Young

(NOTE: Registered Agent signature required when reconstituting)

4-27-95

DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME Jim J. Alger
STREET ADDRESS 127 N Goodbread Rd.
CITY- ST- ZIP Brunswick, GA 31520

TITLE Vice-Pres.
NAME Spencer Young
STREET ADDRESS 15249 N Main
CITY- ST- ZIP Jacksonville, FL 32218

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Spencer Young Sr

Spencer L. Young

3-1-95

751-0346

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Optional)