FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000079182 (9)**

1. Corporation Name

ATLANTIC COASTAL CLEANING, INC.

Principal Place of Business	Mailing Address
5 WILLARD DRIVE #124 ST. AUGUSTINE FL 32086	5 WILLARD DRIVE #124 ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2507 US1 South	26 2507 US1 South
22 Suite 7100	27 Suite 7100
23 St. Augustine, Fl.	28 St. Augustine, Fl
24 32086 25 ~~St. Johns~~	29 32086 30

4. FEI Number: 59-3275125 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HALL, CHARLES E JR ~~100 D ANASTASIA BLVD.~~ ST. AUGUSTINE FL 32084	81 Name: CHARLES E. HALL, JR. 82 Street Address (P.O. Box Number is Not Acceptable): 93-B ORANGE STREET 83 84 City: ST. AUGUSTINE FL 85 Zip Code: 32084

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 [illegible] provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] (NOTE: Registered Agent signature required when marketing) DATE: 4/6/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MOORE, CHRISTOPHER	12 NAME	
STREET ADDRESS	731 VAILL POINT RD.	13 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MOORE, ILENE	22 NAME	
STREET ADDRESS	731 VAILL POINT RD.	23 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Christopher O. Moore Christopher O. Moore 24 Apr 95 904-794-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000429 — CR