
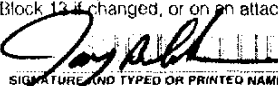


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000006158 (6)					
1. Corporation Name COASTAL LOGISTICS, INC.					
Principal Place of Business 300 N. 2ND ST SUITE 20 JACKSONVILLE BEACH FL 32250 US			Mailing Address P.O. BOX 331477 ATLANTIC BEACH FL 32233-1477 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 03/15/1996	
22. City & State		27. City & State		4. FEI Number 59-3289617	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent TAYLOR, RANDALL 122 SOUTH STREET NEPTUNE BEACH FL 32266			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83. City			84. City		
85. Zip Code			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: _____ (NOTE: Registered Agent signature required when reinstating)					
DATE: _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME TAYLOR, RANDALL			1.2 NAME		
STREET ADDRESS 1315 1ST STREET			1.3 STREET ADDRESS		
CITY- ST- ZIP NEPTUNE BEACH FL			1.4 CITY- ST- ZIP		
2. TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DS			2.2 NAME		
STREET ADDRESS SCHUMANN, JAY			2.3 STREET ADDRESS		
CITY- ST- ZIP 107 TURTLE WALK			2.4 CITY- ST- ZIP		
3. TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY- ST- ZIP			3.4 CITY- ST- ZIP		
4. TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY- ST- ZIP			4.4 CITY- ST- ZIP		
5. TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY- ST- ZIP			5.4 CITY- ST- ZIP		
6. TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST- ZIP			6.4 CITY- ST- ZIP		
14. I do 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 included 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:  JAY A. SCHUMANN 4-26-97 904-8419700					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)