FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$ D.00 Mar 12 1998 8:00am **PROFIT** FLORIDA DEPARTMEN STATE CORPORATION Sandra B. Mor Secretary of State ANNUAL REPORT Secretary of Sta DIVISION OF CORPO TIONS 1998 DOCUMENT # P97000017842 (0) COASTLAND TOWING INC. Principal Place of Business Mailing Address 5909 SHIRLEY ST NAPLES FL 3002 5939 SHIRLEY ST NAPLES FL \$8002 34/09 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/21/1997 2. Principal Place of Business 2a, Mailing Address Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SOUTHWEST PROFESSIONAL SVC OF FT MYERS,INC 13611 MCGREGOR BLVD 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33919 63 84 City 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: Registored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 7:Ti F 11 TITLE 1.2 NAME NAME STEWARK 1.3 STREET ADDRESS STREET ADDRESS 735 BELAIR NAPLES 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 2.1 THILE Change Addition TITLE MARY E. MACFARLANS NAME 2.2 NAME 735 BELAIL OF STREET ADDRESS 23 STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 City - ST - ZiP DELETE Change Addition TITLE 6.1 TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. Thereby 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 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 eath; 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.

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