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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000096437 (3)

COASTLINE UTILITY CONTRACTORS, INC.

FILED May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					i jamerade ich imiet idett marit matit beitt dates ente Blitt alfall ibbt ibbt
4040 WOODO	OGK DRIVE	4040 WOODCOCK DRIVE			
SUITE 230		SUITE 230			DO NOT IMPITE IN THIS OPLOT
JACKSONVILLE FL 32207		JACKSONVILLE FL 32207			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					,
2 Principal P	face of Business	2a, Mailing Address			11/12/1997 4. FEI Number Applied For
21		26			
Suite, Apt.	#, etc	Suite, Apt. #, etc.			60.7E
22		27			5. Certificate of Status Desired Fee Required
City & State	ė	City & State			
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Z ip	Country	Zip	Country	,	This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	g. Name and Address of Currer	nt Registered Agent		_	10. Name and Address of New Registered Agent
PA"	TRICK, MARK R		81	Nam	ıme
4040 WOODCOCK DRIVE			82	Stro	cost Address (D.O. Boy Mumber is Not Assentable)
SUITE 230			02	Sire	reet Address (P.O. Box Number is Not Acceptable)
JA(CKSONVILLE FL 32207		83		
			84	City	FL 85 Zip Code
11. Pursuant to the provisions of Soctions 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, N/Fed or profest name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KUEHN, GLENN C		1.2 NAME		
STREET ADDRESS	4040 WOODCOCK DRIVE		1.3 STREET	ADDRES	ESS
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CITY-S	T- ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	LUKE, THOMAS L		2.2 NAME		
STREET ADDRESS	440 MARSH LANDING BLVD.		2.3 STREET	ADDRES	ESS ·
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32	082	2 4 CITY-	ST-ZIP	i
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRES:	:ss
CITY-ST-ZIP			3.4. CITY-5	T-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		<u> </u>
STREET ADDRESS			4.3 STREET	ADDRESS	:ss
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADORESS	ss
CITY-ST-ZIP			5.4 CITY-S	F- ZIP	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	ss
CITY-ST-ZIP			6.4 CITY-S	r-ZIP	
3 4 1 5 5	24 4 24 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	The second secon		 	

4. I 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 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 recoiver or the receiver or the state of the corporation or the receiver or the state of the corporation of the cor

SIGNATURE:

Grand Noon

4/29/90

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