FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # **S33571** **(8)**

1. Corporate Name
COASTAL ENVIRONMENTAL SERVICES, INC.

Principal Place of Business
18860 U.S. 19N
SUITE 131
CLEARWATER FL 34624

Mailing Address
P O BOX 111
SUITE 131
SAFETY HARBOR FL 34695
US

APPROVED AND FILED

95 MAY -1 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 531 Main Street
22 Suite C
23 Safety Harbor, FL
24 34695 25 Pinellas

2a. Mailing Address
26 PO Box 111
27 Suite Apt # etc.
28 Safety Harbor FL
29 34695 30 PA USA

3. Date Incorporated or Qualified: 02/21/1991
3a. Date of Last Report: 04/29/1994

4. FEI Number: 59-3065246 — 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 (1), Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MENKEMEYER, H. CHRIS
516 - 3RD ST., S.
SAFETY HARBOR FL 34695

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 [illegible], 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	CEO	TITLE	☐ Change ☐ Addition
NAME	MENKEMEYER, CHRIS	NAME	
STREET ADDRESS	516 - 3RD ST., S.	STREET ADDRESS	
CITY, ST, ZIP	SAFETY HARBOR FL	CITY, ST, ZIP	
TITLE	T	TITLE	Treasurer (T) ☒ Change ☐ Addition
NAME	LINDA ELLINGTON	NAME	CATHERINE E. ULMER
STREET ADDRESS	101 TIMBERVIEW DR.	STREET ADDRESS	5103 Bonnedale CT
CITY, ST, ZIP	SAFETY HARBOR FL	CITY, ST, ZIP	Tampa FL 33624
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurately formatted and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is an attorney with an address.

SIGNATURE: H. Chris Menkemeyer — H Chris Menkemeyer 4/26/95 813-797-3224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0461660 FP