UPUALC

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. WWW. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

PROFIT FLORIDA DEPARIMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 OCT 21 PM 2: 57 DIVISION OF CORPORATIONS 1998 SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # COASTAL ENVIRONMENTAL SERVICES INC. Mailing Address Same Principal Place of Business 3825 Henderson Blud Suite 502 DO NOT WRITE IN THIS SPACE FL . 33629 Tampa 3. Date Incorporated or Qualified usa 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Andrea K Cresta 4600 Kensington Ave Street Address (P.O. Box Number is Not Acceptable) Tampa FL 33629 83 84 City 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered agent. I am familiar with a statement for the purpose of changing its registered a SIGNATURE egistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (2/98)12. 13. Change DELETE \mathbf{C}' Addition TITLE 1.2 NAME Andrea E034 NAME Kensington Are 1 3 STREET ADDRESS 4609 STREET ADDRESS Tampa FL 33629 1 4 CiTY-ST-ZIP CITY - ST - ZIP DELETE Addition 21 TITLE TITLE Catherine E. Falkner NAME 2.2 NAME 3536 Hwy to Bay Blvd. 2 3 STREET ADDRESS STREET ADDRESS Harbor FL 34695 2 4 CITY-ST-ZIP CITY - ST- ZIP Change Addition DELETE 3 1 TOLE TITLE & 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE. ☐ Change 4.1 TITLE TITLE 4 2 NAME 3**0000267467**3 -10/28/98--01075-NAME --DTO7S--005 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4 4 CITY-ST-ZIP *****61 ☐ DELETE 51 TIBLE TITLE 5 2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. 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 hat 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 undescard, that I am a officer or ovector 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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