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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

	IMENT # <b>V714</b> 9 on Namie COAST TRANSPORTATION				11 <b>1</b> 1 11 11 11 11 11 11 11 11 11 11 11 11
Principal Place of Business Mailing Address				1981) 8181 9880 1164 8879 9161 1161 8161 8161	# 6/6/# 6/6/# 9/6/# 18/9/# 18/9/
6200 SOUTEL DR. JACKSONVILLE FL 32219		9200 SOUTEL DR. JACKSONVILLE FL 32210-3746			
				10/12/1992 04	Date of Last Report 4/15/1996
2 Principa I 21	Place of Business	2a. Mailing Address 26		4. FEI Number 59-3149187	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	····	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State 23		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p)	Country 25	Zip 29	Country 30	8. This corporation has liability for intangib Florida Statutes Yes	le tax under s. 199.032,
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registered	1 Agent
	IMP, RICHARD EVERETT 00 SOUTEL DR.				
	CVKSONVILLE FL 32219		82 Street Add	lress (P.O. Box Number is Not Acceptable)	
• • • • • • • • • • • • • • • • • • • •			83		:
			84 City		85 Zip Code
11 Parenaul	Lto the provisions of Sections 607 (	502 and 607 1508 Florida Stati	tes the shove-named cor	poration submits this statement for the purpose	
SIGNATURE  12.  HILL  NAME	Signal of the princed name of registeres OFFICERS D CAMP, RICHARD EVERETT	agent and title if applicable (NCAND DIRECTORS	13. 1.1 TITLE 1.2 NAME	nired whon reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Change Addition
STHEET ACORESS	6200 SOUTEL DR.		1.3 STREET ADDRESS		
Olf St Zib	JACKSONVILLE FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME		Las becele	2.2 NAME		L_ Criange E_ Addition
STREET ADDRESS		•	23 STREET ADDRESS		
015 St 245		Dr. etc	2 4 CITY-SY-ZIP		
TITLE NAME		∐ DELETE	3.1 TITLE 3.2 NAME		L Change L Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CUY_ST-24P			3.4. CITY-ST-ZIP		
TILLE		[] DELETE	4.1 TITLE		Change Addition
NAM: STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
COLD + ST - ZIP			4.4 CITY - \$1 - ZIP		
TILLE		DELETE	5.1 TITLE		Change Addition
NAME			: 5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-51-26 THLE		DELETE	5.4 CITY+ST-ZIP 6.1 TIYLE		Change Addition
NAME		C PERCE	62 NAME		was cominged that conditions
STREET ACORESS			6.3 STREET ADDRESS		
CITY - \$1 - ZiP			6.4 CITY-ST-ZIP		
esformati Lazn an e	ion inclicated on this annual report	or supplemental annual report is nor the receiver or trustee empo	true and accurate and that owered to execute this repo	d in Section 119.07(3)(i), Florida Statutes, I furth at my signature shall have the same legal effect ort as required by Chapter 607, Florida Statutes;	as if made under path: that

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

May 01 1997 8:00am

Secretary of State