WC001048

ANNUAL REPORT TO THE INTERSTATE COMMERCE COMMISSION

Annual Report Form W-3

APPROVED BY GAO

B-180230 (R0405)

(Class C Water Carriers)
1979

(Date Due: March 31, 1980)

MAR 2 0 1980

ORF

CORRECT NAME AND ADDRESS IF DIFFERENT THAN SHOWN WC001948 221727 COASIAL TOWING CO. P. O. BOX 1113 31520 BRUNSWICK 2 Old respondent conduct its business, or any part thereof, during the year under a name or names other than that indicated in Item 19 THE TENTINEST TENTINE NOT REGULATED 3. Type of ownership triate if individual owner, partnership, corporation, association, etc. 1 GORP, TINDIVISUAL 4. If a corporation, association, or other similar form of enterprise, give date of organization and name state in which organized. State of 5. Give the names, address, and nature of husiness of all, (a) Eniding, (b) subsidiary, (c) affiliated, and (d) associated companies 6. Type of carrier (common, contract or both) and kind of service (passenger, or property, or both). CONTERCT 7. Location of operations (state the names of ports pixed between or touched in regular service or general territor, served if no ports of regular service) NOT OPERATING RT PERSENT 8. Give the selected financial and operating data for the year requested in the following schedules. Under Schedule 400. Florting Equipment, include equipment used or held for use and indicate the character of title as either owned or leased from others, also describe as tugs, barges, vessels, etc. Show cargo carrying capacity in tons of 2,000 lbs. In Schedule 500. Employees, state the number of persons employed by respondent in connection with its carrier operations for the services and on dates indicated. Money items throughout this annual report form should be shown in units of doilars adjusted to accord with footings. 200 Bulance-sheet items at close of year Amount Line Non (4) i Kurrent assets 4 Discouncily in conschipping properly and equipment 8 Corrent Indulates

300. Income items for the year

WC001048

| | | | | Domes | | |
|--|--|--|---|------------------------------------|--|-----------------------------------|
| Line No. | Item (a) | | oreign raffic (b) | Regulated (c) | Unregu- lated (d) | Total (e) |
| 7 | Revenues, water-line operating-Total | | | 5 | 5 | NONE |
| 2 | Freight | 7. 2. 2. 2. 2. 3. 3. 1 married transport | | | | - |
| 3 | Passenger | | | | | _ |
| 4 | Mail and express | | | ! | | _ |
| . 1 | A 11 - 16-2- | Commission Commission | | 1 | 1 | |
| 6 | Same water line operating-Total | | | | | |
| 7 | Demonstron Transportation pro- | Derly | | | | |
| | All other operating expenses | | | | | |
| 0 | Tax accruats, water line, (excluding f | Federal incom | c taxes) | | | |
| 10 | Other income less other deductions | and fized cha | iges - Nei (- | Deficit) | | |
| | Provision for Federal income taxes | | | | | 1 |
| 12 | Net income after income taxes | | | | | - |
| | Quidend appropriations or other will | hdrawals | | | | |
| | | | | | | |
| 13 | a Dividends | | | | | |
| 13 | a Dividends b Other (Specify) | ************************************** | | eased from others) | | |
| 13 14 | a Dividends b Other (Specify) 400. Finating Description of item on respondent's record | Character of | Owned and I | Rated horsepow of engin | Cargo carry, capacity - To | ons carrying capa |
| ine No. | Description of item on respondent's record | Equipment (| Owned and 1 | eased from others) Rated horsepow | Cargo carry, capacity - To (2,000 ibs. | ons carrying caps city (Number |
| ine No. | Description of item on respondent's record | Character of | Owned and I | Rated horsepow of engin | Cargo carry, capacity - To (2,000 ibs. | ons carrying capa city (Number |
| 14 No. | Description of item on respondent's record | Character of | Owned and I | Rated horsepow of engin | Cargo carry, capacity - To (2,000 ibs. | ons carrying capa city (Number |
| 14 No. | Description of item on respondent's record | Character of | Owned and I | Rated horsepow of engin | Cargo carry, capacity - To (2,000 ibs. | ons carrying capa city (Number |
| 14 14 10 10 10 10 10 10 | Description of item on respondent's record | Character of | Owned and I | Rated horsepow of engin | Cargo carry, capacity - To (2,000 ibs. | ons carrying capa city (Number |
| 14 No. | Description of item on respondent's record | Character of | Owned and I | Rated horsepow of engin | Cargo carry, capacity - To (2,000 ibs. | ons carrying capa city (Number |
| 14 Lines No. 1 2 3 4 | Description of item on respondent's record | Character of | Owned and I | Rated horsepow of engin | Cargo carry, capacity - To (2,000 ibs. | ons carrying capa city (Number |
| 14 No. | Description of item on respondent's record | Character of | Owned and I | Rated horsepow of engine | Cargo carry, capacity - To (2,000 ibs. | ons carrying capa city (Number |
| 14 No. | Description of item on respondent's record | Character of | Owned and I | Rated horsepow of engine | Cargo carry, capacity - To (2,000 ibs. | ons carrying capa city (Number |
| 14 - ine No. 1 2 3 4 5 6 | Description of item on respondent's record (a) | Character of title (b) | Owned and I Year sequired (c) 500 Empir | Rated horsepow of engine (d) | Cargo carry capacity · Tr (2,000 tbs. (e) | ons carrying capa city (Number |
| 14 - ine No. 1 2 3 4 5 6 | Description of item on respondent's record (a) | Character of title (b) | Owned and I Year acquires (c) | Rated horsepow of engine (d) | Cargo carry, capacity - T. (2,000 ibs. (e) | ons carrying capa city (Number |
| 14 14 14 14 14 14 14 14 14 14 14 14 14 1 | Description of item on respondent's record (a) (b) (c) (c) (d) | Character of title (b) | Owned and I Year sequired (c) 500 Empir | Rated horsepow of engine (d) | Cargo carry capacity · Tr (2,000 tbs. (e) | ons carrying capa city (Number |
| 14. Inc. No. 1 2 3 4 4 5 6 | Description of item on respondent's record (a) | Character of title (b) | Owned and I Year sequired (c) 500 Empir | Rated horsepow of engine (d) | Cargo carry capacity · Tr (2,000 tbs. (e) | ons carrying capa city (Number |

| | | Foreign traffic (b) | Domestic Trank | | |
|---|---|--|---|---|--|
| Line Item No. (a) | | | Regulated (d) | Unregu- lated (d) | Total (e) |
| 1 Tons of revenue freight carri 2 Number of revenue passenge 3 Commodities, 6 principal, h | ers carried | | | | None |
| 9. Give a concise statement of it year, such as transfer of ow | nership, leasing o | of property and ver | | | |
| 10. Name, title, telephone numb | | | | g this report | |
| TELEPHONE NUMBER | | | | (Telephone numb | *** |
| OFFICE ADDRESS 500 | | | | | |
| STATE OF GEORE COUNTY OF GAPA M. F. MA | GIA VN DETINI J |) 155 K | | | ath and says that he i |
| DWNER | | ascrt here the nam | | | |
| (Title of affiant) | Of | | xact legal title or na | | ent) |
| that it is his duty to have supervikept, that he has carefully examinate, so far as they relate to matt with, that he believes that all ot complete statement of the brincluding. | ned the said reporters of account, beether statements of usiness and affa | t and to the best of in accurately taken fact contained in t | his knowledge and be from the said books of he said report are true | hef the entries con account and are in c, and that the said during the peggo | tained in the said report exact accordance there report is a correct and d of time from and to and including |
| Subscribed and sworn to be this day of | or march | tary fu | blic in an My commis | d for the State an | d county shows named |

Ptace Impression Seal Here (Signature of officer authorized to administer oaths)

FOLLOW ALL INSTRUCTIONS CAREFULLY

- 1. Remove the mailing label from the cover and attach the label to the top of page 1 of the report form to be filed. The mailing label should NOT be altered. If the name and address on the mailing label are incorrect, insert your correct name and address in the space provided to the left. The carrier mailing address is the company address where correspondence regarding accounting and reporting matters is to be directed, but not the address of an independent auditor or CPA.
- 2. Three copies of this form for annual report should be filled out and two copies returned, the original of which must be the copy containing the mailing label, to the Bureau of Accounts, Interstate Commerce Commission, Washington, D. C. 20423, by March 31 of the year following the year for which the report is made; one copy should be retained by the carrier for reference. The report is required of water carriers whose average annual operating revenues are \$100,000 or less, in accordance with the provisions of Section 313(a) of Part III of the Interstate Commerce Act.
- 3. For those water carriers subject to the jurisdiction of the Interstate Commerce Act having average annual operating revenues exceeding \$100,000 annual report Form W-I and Maritime carriers annual report Form W-4 have been provided.
 - 4. Unless otherwise explained, the carrier should report its

entire operations for the year of the report including intrastate and exempt interstate transportation. If exerations are for a period less than a year, the report should so indicate

- 5. Full and accurate replies should be made to all items and schedules. If an item is not applicable to the respondent, or if the word "none" fairly and completely applies, the report should so indicate. If records are not available for any item or part thereof, which give the information called for, respondent should report the best estimate possible and mark such items "estimated."
- 6. Wherever the space provided is insufficient to permit full and complete reply to the requested information, such replies should be prepared on inserts, appropriately referenced and occurely attached to the report or the reply can be continued in the space in the report for "Remarks."
- 7. If respondent prepares statements of its income, surplus, general balance-sheet or operations for the year or any part thereof of the report, one copy of each such statement shall be filed with this report or submitted to the Commission as and when available.
- Inquiries relative to the preparation and filing of the report should be addressed to the Bureau of Accounts at above address.

REMARKS