FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

(2)

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:20

DOCUMENT # 273932 (4)

1. Corporation Name
COASTAL INSURANCE SERVICE, INC.

Principal Place of Business	Mailing Address
201-205 S PINELLAS AVE. TARPON SPRINGS FL 34689	201-205 S PINELLAS AVE. TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/19/1963
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 29 Country — 30
Zip — 29 Country — 30

4. FEI Number: 59-1029804 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KAVOUKLIS, ANGELIKI M
385 BANANA ST.
TARPON SPRINGS FL 34689

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 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] ANGELIKI KAVOUKLIS, REG. AGT, E/V 1/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CRETEKOS, BETTY J	1.2 NAME	
STREET ADDRESS	ST. GEORGES LODGE #3379	1.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	GAUSE, ROBERT P	2.2 NAME	
STREET ADDRESS	1316 BELCHER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	SWARTSEL, E. F.	3.2 NAME	
STREET ADDRESS	4419 GRAND BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELFERS FL 34680	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	TARAPANI, ABE L	4.2 NAME	
STREET ADDRESS	750 BAYSHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GIANESKIS, GRACE	5.2 NAME	
STREET ADDRESS	853 OAKWOOD DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, JAMES M (SEE ATTACHED)	6.2 NAME	
STREET ADDRESS	35 WEST LEMON STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 added by this attachment with an address.

SIGNATURE: [signature] 1/13/95 (813) 937-4141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BETTY JO CRETEKOS, PRESIDENT

0461465 FP

273932

COASTAL INSURANCE SERVICE, INC.

Insurance

YOUR Independent Insurance AGENT SERVES YOU FIRST

FIRE • AUTO
LIABILITY
BOAT • BURGLARY
COMPENSATION
BONDS

201-205 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689
(813) 937-4141
(813) 937-4236

12 (CONTINUED)

TITLE	D
NAME	BOYD, WILLIAM W.
STREET ADDRESS	1100 MUERFIELD COURT
CITY-ST-ZIP	TARPON SPRINGS, FL 34689