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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

273932

(4)

COASTAL INSURANCE SERVICE, INC.

FILED Mar 05 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | - I TABLUR LIBIT SOBRE TITTE FREE FINITE LIBIT BIRTH BIRTH BIRTH RIDSE RIDSE FIRST | | | | |
|---|--|--------------------------------|--|--|--|---------------------------|--|
| 201-205 S PINELLAS AVE. 201-205 S PINELLAS AVE. | | | | | | | |
| | NECLAS AVE. NINGS FL 34689 | | 201-205 S PINELLAS AVE. TARPON SPRINGS FL 34689 | | | | |
| TARIL OR GITHINGS FE STOOL | | THE OF SERIOS PE STOOP | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualified | | |
| 1 | | | | | 09/19/1963 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| 21 | | 26 C/O BETTY J. CRETEKOS | | 59-1029804 | Not Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | \$8.75 Additional | | |
| 22 | | 27 P.O. BOX 1088 | | 5. Certificate of Status Desired | Fee Required | | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 23 | | 28 TARPON SPRINGS, FLA. | | Trust Fund Contribution | Added to Fees | | |
| Zip | Country | Zip | Countr | | 8. This corporation owes or has paid the cur | | |
| 24 | 25 | 29 34688-1088 | 30 PIN | IELLAS | | ☐ Yes ☐ No | |
| | 9. Name and Address of Current | | | | 10. Name and Address of New Registered | | |
| KA | VOUKLIS, ANGELIKI M | | 81 | Name | | | |
| 385 BANANA ST. | | | <u></u> | <u> </u> | | | |
| | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptable) | | |
| TARPON SPRINGS FL 34689 | | | 63 | | | | |
| | | | " | | | | |
| | | | 84 | City | FL | 85 Zip Code | |
| 11 Pureuant | to the provisions of Sections 607 0502 | and 607 1508 Florida Statutar | s the above | e-pamed corp | | f changing its registered | |
| 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, typed or printed name of registered agent | and title if applicable ANOTE: | Begistered An | ont signatus regula | ad when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | ent signature reduir | ADDITIONS/CHANGES TO OFFICERS AND |) DIRECTORS IN 12 | |
| TITLE | B | DELETE | 1.1 TITLE | 1 | ADDITIONS/GITANGES TO CIT IDENS AND | Change Addition | |
| NAME | CRETEKOS, BETTY J | | 1.2 NAME | | | | |
| | ST. GEORGES LODGE #3379 | | | | | | |
| STREET ADDRESS | TARPON SPRINGS FL 34688 | | | ADDRESS | | | |
| CITY-ST-ZIP | T/ | DELETE | 1.4 CITY - 5 | ST - ZIP | | Change Addition | |
| TITLE | OALICE DOREDT D | ☐ perest | 2.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | GAUSE, ROBERT P | | 2.2 NAME | | | | |
| STREET ADDRESS | 1316 RELCHER DRIVE | | 2.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | TARPON SPRINGS FL 34689 | | 2. 4 CITY- | ST-ZIP | | _ | |
| TITLE | 8 | L. DELETE | 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 | Ť | ☐ DELETE | 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-5 | · · · · · · · · · · · · · · · · · · · | | | |
| TITLE | D | DELETE | 5.1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | GIANESKIS, GRACE | - | 5.2 NAME | | | | |
| STREET ADDRESS | 853 OAKWOOD DR | | | AUDDECC | | | |
| | TARPON SPRINGS FL 34689 | | 5.3 STREET | | | | |
| CITY-ST-ZIP | | ☐ DELETË | 5.4 CITY - S | 1 - ZIP | | Change Addition | |
| TITLE | D OTEMENO INNEO M | ☐ DELETE | 6.1 TITLE | | | CT CHANGE TT VOCHION | |
| NAME | STEVENS, JAMES M | | 6.2 NAME | | | | |
| STREET ADDRESS | 35 WEST LEMON STREET | | 6.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | TARPON SPRINGS FL 34689 | | 6.4 City - S | T- 7IP | | i | |

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 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 on an attachment with an address. J. CRETEKOS, PRESIDENT