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Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90051 042 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 273932

1. Corporation Name

COASTAL INSURANCE SERVICE, INC.

Principal Place of Business

201-205 S PINELLAS AVE.
TARPON SPRINGS FL 34689

Mailing Address

C/O BETTY J CRETEKOS
PO BOX 1088
TARPON SPRINGS FL 34688-088
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1963

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME CRETEKOS, BETTY J
STREET ADDRESS ST. GEORGES LODGE #3379
CITY-ST-ZIP TARPON SPRINGS FL 34688

TITLE V ☐ DELETE

NAME GAUSE, ROBERT P
STREET ADDRESS 1316 BELCHER DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE S ☐ DELETE

NAME SWARTSEL, E F
STREET ADDRESS 4419 GRAND BLVD.
CITY-ST-ZIP ELFRS FL 34680

TITLE T ☐ DELETE

NAME TARAPANI, ABE L
STREET ADDRESS 750 BAYSHORE DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ DELETE

NAME GIANESKIS, GRACE
STREET ADDRESS 853 OAKWOOD DR
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ DELETE

NAME STEVENS, JAMES M
STREET ADDRESS 35 WEST LEMON STREET
CITY-ST-ZIP TARPON SPRINGS FL 34689

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

1-12-99

(727) 939-3744

Date Daytime Phone #

CR2E034 (11/98)