

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **329647** (2)

1. Corporation Name

COACH ESTATES INC



Principal Place of Business

**2411 JACKSON BLUFF ROAD
#1
TALLAHASSEE FL 32304**

Mailing Address

**2411 JACKSON BLUFF ROAD
#1
TALLAHASSEE FL 32304**

3. Date Incorporated or Qualified

05/02/1968

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1230584

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, PACE JR.
2411 JACKSON BLUFF ROAD
TALLAHASSEE FL 32304**

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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **ALLEN, PACE JR.**
STREET ADDRESS **1522 MERRY OAKS COURT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE
NAME **ALLEN, PACE JR.**
STREET ADDRESS **1522 MERRY OAKS COURT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VDS** ☒ DELETE
NAME **HOWARD, JANET**
STREET ADDRESS **402 PALMER**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☒ DELETE
NAME **HOWARD, JANET**
STREET ADDRESS **402 PALMER**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☒ Addition
1.2 NAME **ALLEN, PACE JR**
1.3 STREET ADDRESS **2121 WEST TENNESSEE ST**
1.4 CITY-ST-ZIP **TALLAHASSEE, FL 32304**

2.1 TITLE **SECRETARY** ☒ Change ☒ Addition
2.2 NAME **ALLEN, PACE JR**
2.3 STREET ADDRESS **2121 W TENN**
2.4 CITY-ST-ZIP **TALL FL**

3.1 TITLE **TREASURER** ☒ Change ☒ Addition
3.2 NAME **ALLEN, PACE JR**
3.3 STREET ADDRESS **2121 W TENN**
3.4 CITY-ST-ZIP **TALL FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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.

SIGNATURE:

San Allen Jr President, Sec, Treasurer, Director
1/24/96 904 576 6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)