
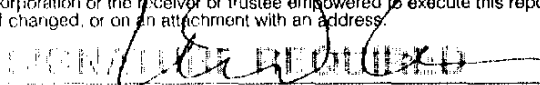


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

| | | | | | |
|---|---|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 577736 (2) | | | | | |
| 1. Corporation Name FLORIDA COASTAL PROPERTIES, INC. | | | | | |
| Principal Place of Business ROYSTAR DRIVE RT 2 BOX 4391 CRAWFORDVILLE FL 32327 | | | Mailing Address 1439 SHELL POINT ROAD CRAWFORDVILLE FL 32327-4608 US | | |
| 2. Principal Place of Business 21 1439 Shell Point Rd. Suite, Apt. #, etc. | | 2a. Mailing Address 26 Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 07/05/1978 | |
| 22 City & State 23 Crawfordville, FL Zip 24 32327 Country 25 US | | 27 City & State 28 Zip 29 Country 30 | | 3a. Date of Last Report 04/18/1996 | |
| 21 | | 26 | | 4. FEI Number 59-1845154 | |
| 22 | | 27 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | | 29 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent GAUPIN, W T RT 2 BOX 4391 CRAWFORDVILLE, FL 32327 | | | 10. Name and Address of New Registered Agent | | |
| 81 Name | | | 82 Street Address (P.O. Box Number is Not Acceptable) 1439 Shell Point Road | | |
| 83 | | | 84 City Crawfordville FL 85 Zip Code 32327 | | |
| 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 | | | | | |
| TITLE | PST | <input type="checkbox"/> DELETE | | | |
| NAME | GAUPIN, WILLIAM T. | | | | |
| STREET ADDRESS | RT 2 BOX 4391 | | | | |
| CITY- ST- ZIP | CRAWFORDVILLE FL | | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | | |
| NAME | GAUPIN, WILLIAM T. | | | | |
| STREET ADDRESS | RT 2, BOX 4391 | | | | |
| CITY- ST- ZIP | CRAWFORDVILLE FL | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY- ST- ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY- ST- ZIP | | | | | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY- ST- ZIP | | | | | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY- ST- ZIP | | | | | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY- ST- ZIP | | | | | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY- ST- ZIP | | | | | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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. | | | | | |
| SIGNATURE:  DATE: 4/14/97 PAYMENT PHONE #: 926-7811 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

CR2E034 (9/96)