

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

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Feb 19, 1999 8:00am  
Secretary of State

02-19-1999 90041 033 \*\*\*\*150.00

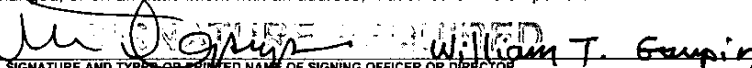


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|   |  |   |  |   |  |
|---|--|---|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999   |  |            |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS   |  |
| DOCUMENT # 577736<br>1. Corporation Name<br>FLORIDA COASTAL PROPERTIES, INC.  |  |   |  |   |  |
| Principal Place of Business<br>1439 SHELL POINT ROAD<br>CRAWFORDVILLE FL 32327<br>US  |  |   | Mailing Address<br>1439 SHELL POINT ROAD<br>CRAWFORDVILLE FL 32327<br>US   |   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 25  |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 30 |  | 3. Date Incorporated or Qualified<br>07/05/1978<br>4. FEI Number<br>59-1845154<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br>GAUPIN, W T<br>1439 SHELL POINT ROAD<br>CRAWFORDVILLE, FL<br>32327   |  |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br>Signature, typed or printed name of registered agent and title if applicable.  |  |   |  |   |  |
| 12. OFFICERS AND DIRECTORS  |  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |   |  |
| TITLE _____<br>NAME PST GAUPIN, WILLIAM T.<br>STREET ADDRESS RT 2 BOX 4391<br>CITY-ST-ZIP CRAWFORDVILLE FL  |  |   | 1.1 TITLE _____<br>1.2 NAME _____<br>1.3 STREET ADDRESS _____<br>1.4 CITY-ST-ZIP _____   |   |  |
| TITLE _____<br>NAME D GAUPIN, WILLIAM T.<br>STREET ADDRESS RT 2, BOX 4391<br>CITY-ST-ZIP CRAWFORDVILLE FL   |  |   | 2.1 TITLE _____<br>2.2 NAME _____<br>2.3 STREET ADDRESS _____<br>2.4 CITY-ST-ZIP _____   |   |  |
| TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  |  |   | 3.1 TITLE _____<br>3.2 NAME _____<br>3.3 STREET ADDRESS _____<br>3.4 CITY-ST-ZIP _____   |   |  |
| TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  |  |   | 4.1 TITLE _____<br>4.2 NAME _____<br>4.3 STREET ADDRESS _____<br>4.4 CITY-ST-ZIP _____   |   |  |
| TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  |  |   | 5.1 TITLE _____<br>5.2 NAME _____<br>5.3 STREET ADDRESS _____<br>5.4 CITY-ST-ZIP _____   |   |  |
| TITLE _____<br>NAME _____<br>STREET ADDRESS _____<br>CITY-ST-ZIP _____  |  |   | 6.1 TITLE _____<br>6.2 NAME _____<br>6.3 STREET ADDRESS _____<br>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, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(850) 926-7811  
Telephone #

CR2E034 (11/98)