

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90074 013 ***150.00

DOCUMENT # G48853

1. Corporation Name

COASTAL STATES REALTY AND MANAGEMENT CORP.

Principal Place of Business

5401 W. KENNEDY BLVD.
SUITE 740
TAMPA FL 33609
US

Mailing Address

5401 W. KENNEDY BLVD.
540
TAMPA FL 33609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1983

4. FEI Number

59-2326639

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 19321 US Hwy 19 N

Suite, Apt. #, etc.

22 C303

City & State

23 Clearwater FL

Zip Country

24 33764 25

2a. Mailing Address

26 19321 US Hwy 19 N

Suite, Apt. #, etc.

27 C303

City & State

28 Clearwater FL

Zip Country

29 33764 30

9. Name and Address of Current Registered Agent

CRENSHAW, CURTIS
1408 N WESTSHORE BLVD
STE 916
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

19321 US Hwy 19 N Ste C303

83

84 City Clearwater

FL

85 Zip Code 33764

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 PD ☐ DELETE

NAME LARSON, JEANNINE C.
STREET ADDRESS 1408 N WESTSHORE BLVD STE 916
CITY-ST-ZIP TAMPA FL 33607

TITLE S ☐ DELETE

NAME CRENSHAW, BETTY H
STREET ADDRESS 1408 N WESTSHORE BLVD STE 916
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME Same
1.3 STREET ADDRESS 19321 US Hwy 19 N Ste C303
1.4 CITY-ST-ZIP Clearwater FL 33764

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Same
2.3 STREET ADDRESS 19321 US Hwy 19 N Ste C303
2.4 CITY-ST-ZIP Clearwater FL 33764

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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

4-5-99

727-535-9567

Date

Daytime Phone #

CR2E034 (1/98)