

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

**CORPORATION
ANNUAL REPORT
1995**



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

**AND
FILED**

95 APR 27 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G70235 (8)
1. Corporation Name
COASTAL INVESTORS INCORPORATED OF PENSACOLA

Principal Place of Business Mailing Address
56 E. CHASE ST.
P.O. BOX 12462
PENSACOLA FL 32582
56 E. CHASE ST.
P.O. BOX 12462
PENSACOLA FL 32582

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified		3a. Date of Last Report	
11/02/1983		05/01/1994	
4. FEI Number		Applied For	
59-2403286		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution		Yes No	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			

9. Name and Address of Current Registered Agent

MATTHEWS, EDESEL F., JR.
308 S. JEFFERSON STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 for business 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 I agree to the change of the corporation 607.0505, Florida Statutes.

SIGNATURE

Signature of the person registered agent or the officer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, DENNIS T.	1.2 NAME	
STREET ADDRESS	7476 MOBILE HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32506	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	☐ Change ☐ Addition
NAME	HARDY, MARY R.	2.2 NAME	
STREET ADDRESS	56 E. CHASE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32501	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. 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, on an attachment with an address.

SIGNATURE:

Dennis T. Hardy, Pres.

4-20-95 904/438-4180

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #