

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

INCORPORATED
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TAXATION DIVISION
CORPORATE TAXES SECTION

DOCUMENT # **H96860** (2)

COASTAL PROPERTY CONSULTANTS, INC.

92 MAY -1 11:00:00

SECTION 1, STATE
TALLAHASSEE, FLORIDA

Principal Office Address: 5552 US HWY. 90 EAST
TOPS'L CENTER, STE.6
DESTIN FL 32541

Mailing Address: 5552 US HWY. 90 EAST
TOPS'L CENTER, STE.6
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

2. Date incorporated or qualified: 01/31/1986		3a. Date of Last Report: 04/22/1994	
4. FEI Number: 59-2625166		Applied For: ☐ Not Applicable: ☐	
5. Certificate of Status Desired: ☐		\$8.75 Additional Fee Required	
6. Election Campaign Financing: ☐ Trust Fund Contributions: ☐		\$5.00 May Be Added to Fees	
8. The corporation has liability for intangible tax under S. 190.170, Florida Statutes: ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent: SCOTT, GARY F. 8808 ST ANDREWS DR DESTIN FL 32541				10. Name and Address of New Registered Agent:			
81. Name:				82. Street Address, if different from that of corporation:			
83. City:				84. State:			
				FL			

11. I, the undersigned, being duly sworn, depose and say that I am a resident of the State of Florida and that I am duly qualified to act as a registered agent for the purpose of changing its registered office as provided in section 190.170, Florida Statutes, and that the change of office is authorized by the corporation's board of directors. I declare under the penalty of perjury that the foregoing is true and correct. Executed on this 4th day of May, 1995.

12. Name and Address of Registered Agent:		13. Name and Address of New Registered Agent:	
PST SCOTT, GARY F. 8808 ST ANDREWS DR DESTIN FL			
14. Name:		15. Name:	
16. Street Address:		17. Street Address:	
18. City:		19. City:	
20. State:		21. State:	
22. Zip Code:		23. Zip Code:	
24. Name:		25. Name:	
26. Street Address:		27. Street Address:	
28. City:		29. City:	
30. State:		31. State:	
32. Zip Code:		33. Zip Code:	
34. Name:		35. Name:	
36. Street Address:		37. Street Address:	
38. City:		39. City:	
40. State:		41. State:	
42. Zip Code:		43. Zip Code:	

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and that I am duly qualified to act as a registered agent for the purpose of changing its registered office as provided in section 190.170, Florida Statutes, and that the change of office is authorized by the corporation's board of directors. I declare under the penalty of perjury that the foregoing is true and correct. Executed on this 4th day of May, 1995.

SIGNATURE: **GARY F. SCOTT** 4/26/95 924-267-3119

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CORPORATION
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FLORIDA DEPARTMENT OF STATE
Kandis B. Northam
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **H97464**

(2)

J. K. WALBURN, ACCOUNTANT, P.A.

Principal Place of Business

Mailing Address

P O BOX 2648
ORANGE PARK FL 32067

P O BOX 2648
ORANGE PARK FL 32067

STAMPED: 97464
DECEMBER 1995
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/31/1986** 3a. Date of Last Report **07/26/1994**

4. FFI Number **59-2667516** 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 § 199.002, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21. State App # 26. State App #
22. City & State 27. City & State
23. City & State 28. City & State
24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALBURN, J. K.
106 DUCK BILL COVE
PONTE VEDRA FL 32082

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 607.002 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent 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 understand the obligations of Sections 607.002, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS (12)	
NAME	DP WALBURN, JAMES K. POST OFFICE BOX 2648 N/A ORANGE PARK FL	1. NAME	☐ Change ☐ Addition
ADDRESS		2. NAME	☐ Change ☐ Addition
NAME		3. NAME	☐ Change ☐ Addition
ADDRESS		4. NAME	☐ Change ☐ Addition
NAME		5. NAME	☐ Change ☐ Addition
ADDRESS		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
ADDRESS		8. NAME	☐ Change ☐ Addition
NAME		9. NAME	☐ Change ☐ Addition
ADDRESS		10. NAME	☐ Change ☐ Addition
NAME		11. NAME	☐ Change ☐ Addition
ADDRESS		12. NAME	☐ Change ☐ Addition
NAME		13. NAME	☐ Change ☐ Addition
ADDRESS		14. NAME	☐ Change ☐ Addition
NAME		15. NAME	☐ Change ☐ Addition
ADDRESS		16. NAME	☐ Change ☐ Addition
NAME		17. NAME	☐ Change ☐ Addition
ADDRESS		18. NAME	☐ Change ☐ Addition
NAME		19. NAME	☐ Change ☐ Addition
ADDRESS		20. NAME	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate, complete and true, and that the corporation is in good standing with the State of Florida. I am familiar with and understand the obligations of Sections 607.002, Florida Statutes.

SIGNATURE:

J. K. Walburn

(Signature and Printed Name of Signing Officer or Director)

4/30/95 (904) 259-2988