	· 				
FIL	E NOW: FILING FEE	AFTER MAY 1	IS \$225.00		
COF	PROFIT RPORATION	FLORIDA DE	PARTMENT OF STATE		
AIVIN	JAL REPORT	7.7	retary of State		
	1996	DIVISION C	OF CORFORATIONS		
DOCU 1. Corporation	MENT # H9686	30 (2)			
COAS	TAL PROPERTY CONSULT	ANTS, INC.		I ANDREW DOOR VALUE BRIDGE REFUND DE LEE ANDRE	I Alah Bibli bidir bidir bidir diam dibli tabi
Principal Place	of Business	Mailing Address			
8955 US HWY 98 WEST TOPS'S CENTER DESTIN FL 32541		8955 US HWY 98 WEST TOP'S CENTER DESTIN FL 32541			
US		US		3. Date Incorporated or Qualified 3. 01/31/1986	a. Date of Last Report
	ace of Business	2a. Mailing Address		4. FEI Number	05/01/1995 Applied For
Suite, Apt.	# oto	26		59-2625166	Not Applicable
22		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intan Florida Statutes 🔀 Yes	gibie tax under s 199.032,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regis	
SCOTT	GARY F.		81 Name		
	ANDREWS DR	1	82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
DESTIN	FL 32541		B3		
			84 City		85 Zip Code
11. Pursuant ti	the provision of Sections 607.0502	and 607,1508. Florida Statu	tes the above named comor	alion cultivity this etatomant for the a	
or registere familiar wit	ed agent of high in the State of Floric n, and creet he obligations of Secti	la. Such change was author. on 607.0505, Florida Statute	zed by the corporation's boars.	ation submits this statement for the purpose d of directors. I hereby accept the appointm	e of chariging its registered office nent as registered agent. I am
SIGNATURE _	wife Junior printed name of registered agent.				100
12.	OFFICERS AND		Of Progistaned Agent is greature required 13.	ADDITIONS/CHANGES TO OFFICER	DATE CONTRACTOR OF THE CONTRAC
TITLE	PST	☐ DELETE	1 1 TiTLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	SCOTT, GARY F.) 2 NAME		
STREET ADDRESS CITY-ST-ZIP	8808 ST ANDREWS DR Destin fl		1.3 STREET ADDRESS		
TITLE	DEGINALE	DELETE	2 1 TITLE		
NAME			2 2 NAME		Change Addition
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY-ST-ZIP		
TITLE		□ DEL€TE	3 1 TIFLE		Change Addition
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - ST - ZIP		
NAME		otter	4 1 TITLE 4 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CHY-ST-ZIF		
TITLE		☐ DELETE	6 I TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

SIGNATURE:

14. I do hereby certify that the information supplied certify that the information indicated on this are oath; that I am an officer or director of the capo appears in Block 12 or Block 13 if change or

SIGNAL OR EARLY FOR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

63 STREET ADDRESS 64 CITY - ST-ZIP

this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further report or stopplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attachment with an address. 219 96 904-267-318

CR2E034 (12/95)