

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J83118** (6)

1. Corporation Name

COAST TO COAST INSURANCE SERVICES, INC.



Principal Place of Business

Mailing Address

**5824 U S HWY 19
P. O. BOX 757
NEW PORT RICHEY FL 34652
US**

**5824 U S HWY #19
P. O. BOX 757
NEW PORT RICHEY FL 34652
US**

3. Date Incorporated or Qualified

07/16/1987

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2824613

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 s. 199.032,
Florida Statutes ☒ Yes ☐ No

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

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACKINNON, MILLARD M.
6620 U. S. HIGHWAY #19
5824 US 19
NEW PORT RICHEY FL 34652**

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 607.0502 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

David C. Wolcott
Signature, typed or printed name of registered agent (if applicable)

(If the Registered Agent signature is not of what is shown)

4-22-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P
MACKINNON, MILLARD M.**
STREET ADDRESS **5824 US 19**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **VP
JOHNSON, GEORGE F.**
STREET ADDRESS **STE 1, 2160 KINGSTON CT.**
CITY-ST-ZIP **MARIETTA GA**

TITLE ☐ DELETE

NAME **ST
WOLCOTT, DAVID C**
STREET ADDRESS **5824 US 19**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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; 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.

SIGNATURE:

David C. Wolcott
Signature, typed or printed name of signing officer or director

David C. Wolcott

4-22-96 **813-848-1400**
Date Date Phone

CR2E034 (12/95)