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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J83118 (6)

1. Corporation Name

COAST TO COAST INSURANCE SERVICES, INC.

Principal Place of Business

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

Mailing Address

5824 U S HWY #19
P. O. BOX 757
NEW PORT RICHEY FL 34652-2995
US

3. Date Incorporated or Qualified

07/16/1987

3a. Date of Last Report

04/25/1996

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, Pres.

4-24-97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MACKINNON, MILLARD M.

STREET ADDRESS 5824 US 19

CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VP ☐ DELETE

NAME JOHNSON, GEORGE F.

STREET ADDRESS STE 1, 2160 KINGSTON CT.

CITY-ST-ZIP MARIETTA GA

TITLE ST ☐ DELETE

NAME WOLCOTT, DAVID C

STREET ADDRESS 5824 US 19

CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME RUTHM. WOLCOTT

STREET ADDRESS 5824 U.S. 19

CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE ☐ DELETE

NAME DAVID C. WOLCOTT JR.

STREET ADDRESS 5824 US 19

CITY-ST-ZIP NEW PORT RICHEY FL - 34652

TITLE ☐ DELETE

NAME THERESA L. HURKA

STREET ADDRESS 5824 US 19

CITY-ST-ZIP NEW PORT RICHEY FL - 34652

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME V.P.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME D

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME PRES.

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME SEC/TREAS.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME U.P.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME U.P.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)