


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 07/16/1987	
				4. FEI Number 59-2824613	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 DAVID C. WOLCOTT 82 Street Address (P.O. Box Number is Not Acceptable) 5824 US 19 83 84 City NEW PORT RICHEY FL 85 Zip Code 34652			
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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 President 4/22/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACKINNON, MILLARD M.			1.2 NAME			
STREET ADDRESS	5824 US 19			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, GEORGE F.			2.2 NAME			
STREET ADDRESS	STE 1, 2160 KINGSTON CT.			2.3 STREET ADDRESS			
CITY-ST-ZIP	MARIETTA GA			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLCOTT, DAVID C			3.2 NAME			
STREET ADDRESS	5824 US 19			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			3.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLCOTT, RUTH M.			4.2 NAME			
STREET ADDRESS	5824 US 19			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLCOTT, DAVID C JR			5.2 NAME			
STREET ADDRESS	5824 US 19			5.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURKA, THERESA L.			6.2 NAME			
STREET ADDRESS	5824 US 19			6.3 STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY FL			6.4 CITY-ST-ZIP			

14. I 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.

SIGNATURE: Theresa L. Murka VP 4-22-98 92-848-1100

CR2E034 (10/97)