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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J83118

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1987

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 6707 MADISON STREET	26 6707 MADISON STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 P.O. BOX 757	27 P.O. BOX 757
City & State	City & State
23 NEW PORT RICHEY, FL	28 NEW PORT RICHEY, FL
Zip / Country	Zip / Country
24 34652 25 USA	29 34652 30 USA

9. Name and Address of Current Registered Agent

WOLCOTT, DAVID C.
5824 US 19
5824 US 19
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: RUTH M. WOLCOTT
82 Street Address (P.O. Box Number is Not Acceptable): 6707 MADISON STREET
83: 6707 MADISON STREET
84 City: NEW PORT RICHEY FL 85 Zip Code: 34652

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: Ruth M Wolcott, Pres. Ruth M Wolcott 5/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, GEORGE F.		1.2 NAME		
STREET ADDRESS	STE 1, 2160 KINGSTON CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA		1.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOLCOTT, DAVID C		2.2 NAME		
STREET ADDRESS	5824 US 19		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE	PRESIDENT/SECT./TREAS.	☒ Change ☐ Addition
NAME	WOLCOTT, RUTH M.		3.2 NAME	RUTH M. WOLCOTT	
STREET ADDRESS	5824 US 19		3.3 STREET ADDRESS	6707 MADISON STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WOLCOTT, DAVID C JR		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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HURKA, THERESA L		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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Ruth M Wolcott, Pres. 4/26/99 (727)848-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ruth M. Wolcott