

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # ~~1806767~~ (7)

1. Corporation Name

COACH REALTY, INC.

Principal Place of Business

Mailing Address

% SANDRA F. COLE
101 S. STATE ST. (US1)
P.O. BOX 1298
BUNNELL FL 32110-1298

% SANDRA F. COLE
101 S. STATE ST. (US1)
P.O. Box 1298
BUNNELL FL 32110-1298

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

3a. Date of Last Report

12/27/1988

04/30/96

4. FEI Number

59-2924268

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLE, SANDRA F.
101 S. STATE ST. (US1)
P.O. BOX 1805
BUNNELL FL 32110

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTS ☐ DELETE

NAME COLE, SANDRA F.
STREET ADDRESS 39 VILLAGE DR
CITY- ST- ZIP FLAGLER BEACH FL

TITLE DIRECTOR ☐ DELETE

NAME RUSS FORREST
STREET ADDRESS 74 WHISPERING PINE DR.
CITY- ST- ZIP PALM COAST, FL 32164

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
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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

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SIGNATURE:

SIGNATURE REQUIRED

Sandra F. Cole 4-309

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