

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 11:29

DOCUMENT # L76019

(3)

1. Corporation Name

COESTER CONSTRUCTION, INC.

Principal Place of Business

C/O WAYNE COESTER
17237 LEE RD.
FORT MYERS FL 33912
US

Mailing Address

C/O WAYNE COESTER
17237 LEE RD.
FORT MYERS FL 33912
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1990

3a. Date of Last Report

08/01/1994

4. FEI Number

65-0200084

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

10. Name and Address of New Registered Agent

81 Name

Wayne Coester

82 Street Address (P.O. Box Number is Not Acceptable)

17237 Lee Rd

83

84 City

Ft M

FL

85 Zip Code

33912

COESTER, WAYNE
8384 GROVE ROAD
FT. MYERS FL 33912

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 fee, if applicable

(Not to be Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

COESTER, WAYNE

STREET ADDRESS

8384 GROVE ROAD

CITY, ST, ZIP

FT. MYERS FL

TITLE

V

NAME

COESTER, JOAN

STREET ADDRESS

8384 GROVE ROAD

CITY, ST, ZIP

FT. MYERS FL

TITLE

T

NAME

COESTER, CRYSTAL

STREET ADDRESS

621 N. HAMPTON DRIVE

CITY, ST, ZIP

ST. PETERSBURG FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

17237 Lee Rd

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

17237 Lee Rd

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 110.07(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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wayne A. Coester

Wayne A. Coester 6-12-95 941-267-9297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Therein

CR2E034 (3/95)