FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:25

DOCUMENT # **M76461** **(6)**

1. Corporation Name
COASTAL MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
205 N COLLIER BLVD MARCO ISLAND FL 33937	205 N COLLIER BLVD MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 65-0049828 ☐ 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

MILLER, JACK
822 HIDEAWAY CIRCLE WEST
MARCO ISLAND FL 33937

Delete

10. Name and Address of New Registered Agent

01 Name: KENNETH ORKNEY
02 Street Address (P.O. Box Number is Not Acceptable): 1757 San Marco Road
03
04 City: Marco Island **FL** 05 Zip Code: 33937

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: Kenneth J. ORkney — KENNETH ORKNEY (Signature, typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required when reinstating) — 5/18/95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D ☒ Change ☐ Addition
NAME	BASS, GAIL A.	12 NAME	GAIL A. KARLSON
STREET ADDRESS	931 HERON COURT	13 STREET ADDRESS	46 Gulfport Court
CITY-ST-ZIP	MARCO ISLAND FL	14 CITY-ST-ZIP	Marco Island, FL 33937
TITLE	VDA	21 TITLE	☒ Change ☐ Addition
NAME	MILLER, JANE M	22 NAME	JANE MILLER IS NO LONGER WITH
STREET ADDRESS	822 HIDEAWAY CIRCLE WEST	23 STREET ADDRESS	THE COMPANY
CITY-ST-ZIP	MARCO ISLAND FL	24 CITY-ST-ZIP	
DELETE			
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: Gail A. Karlson — GAIL A. KARLSON, PRESIDENT — 5/18/95 — 813-642-7102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

012447 CP