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Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90005 048 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000039267

1. Corporation Name

COAST TO COAST MARKETING, INCORPORATED

Principal Place of Business

28870 US 19 NORTH
SUITE 400-A
CLEARWATER FL 34621

Mailing Address

28870 US 19 NORTH
SUITE 400-A
CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1993

4. FEI Number

59-3166671

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

21 SAME

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

22 SUITE # 230

Suite, Apt. #, etc.

27 SUITE # 230

City & State

23 SAME

City & State

28 SAME

Zip

24 33761

Country

25

Zip

29 33761

Country

30

9. Name and Address of Current Registered Agent

LACASSE, LINDER B
28870 US 19 NORTH
SUITE 400-A
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

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

83 City

84 State

85 Zip Code

LINDER, B. VAN WINKLE

14309 CLAMSHELL LA.

HUDSON

FL

34667

NAME Change due to MARRIAGE

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 Linder B. Van Winkle

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

(NOTE: Registered Agent signature required when reinstating)

8-2-99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME LACASSE, LINDER B
STREET ADDRESS 28770 US 19 NORTH SUITE 400-A
CITY-ST-ZIP CLEARWATER FL 34621

TITLE VST ☒ DELETE

NAME LACASSE, LINDER B
STREET ADDRESS 28770 US 19 NORTH SUITE 400-A
CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT - OWNER ☒ Change ☐ Addition

1.2 NAME LINDER, B. VAN WINKLE

1.3 STREET ADDRESS 14309 CLAMSHELL LA.

1.4 CITY-ST-ZIP HUDSON FL 34667 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: Linder B. Van Winkle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-99 727-791-6353

Date

Daytime Phone #

CR2E034 (11/98)