FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000041723**1. Corporation Name

FLORIDA COAST TO COAST, INC.

Mailing Address Principal Place of Business

May 01, 1999 8:00 am Secretary of State

05-01-1999 90061 001 ***150.00



845 - N. CARLAND AVE STE-100		8519 SUNSET WILLOW CT. ORLANDO FL 32835			İ	DO NOT WEIT	C IN THIS	SBACE	
Orlando fl 3 US 	2801					3. Date Incorporated or Qualifed 06/14/1993	E IN I HIS	SPACE	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
						59-3187139		J	Not Applicable
21 5422 Carrier Drive 26						29-3 101 139			Additional
22 Suite	305	27	27			5. Certifcate of Status Desired		Fee I	Required
City & State 23 Orlan	e ado, FL	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip Country Zip Zip Zip Zip Zip Zip Zip Zip Zip Zi			Country		İ	This corporation owes the curre Personal Property Tax.		Yes	□No
Name and Address of Current Registered Agent						10. Name and Address of New R	egistered	Agent	
				Nam	е	·)
HUMPHRIES, J. GREGORY 201 E. PINE ST.			82	Stree	et Address (P.O. Box Number is Not Acceptable)				
SUITE 701			83	 					
ORLANDO FL 32801			L.	l _					
			84				FL	.] _] _ `	o Code
11. Pursuant i	to the provisions of Sections 607.0502	the abov	e-name	d corpor	ation submits this statement for the p	purpose of	changing i	ts registered 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									
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	gistered Age	nt signatur	e required w	rhen reinstating)	DATE		
12.	OFFICERS AND		13.		 _	ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PSD	☐ DELETE	1.1 TITLE		l			Change	e 🔲 Addition
NAME	DUFFEY, GLENN E.		12 NAME		1				
STREET ADDRESS	8519 SUNSET WILLOW CT.		1.3 STREE	TADORES	is])
CITY-ST-ZIP	ORLANDO FL		14 CITY-S	T-ZIP					
TITLE	VTD	☐ DELETE	2.1 TITLE					☐ Change	e 🔲 Addition
NAME	Duffey, Kathleen K		2.2 NAME		}				}
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NAME			5.3 STREE	T ADDRES					
STREET ADDRESS			5.4 CITY-S		~				{
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TITLE	•	TT DEFFIE			İ			□ cuang	e □ Addition
NAME			6.2 NAME		_ [ĺ
STREET ADDRESS			6.3 STREE		S [}
CITY-ST-ZIP			6.4 CITY-S	T-ZIP					

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 cath; 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: