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 # P9400033083

1. Corporation Name

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90082 030 ***150.00

COQUINA DEVELOPMENT, INC.				1		
Principal Place of Business Mailing Address						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4950 S PENINSULA DR 4950 S PENINSULA DR					,	
PONCE INLET FL 32127 PONCE INLET FL 32127					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualifed	
					04/29/1994	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-3244723	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional
27					5. Outlieste di Ciaras Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In	itangible
24	25	1==1	30		Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Curren	i večisielen včeni	81	Name	10. Ishino Bila rawidaa di isesi megisterad	
HAWKINS, DONALD E						
501 S RIDGEWOOD AVE				Street Addr	ress (P.O. Box Number is Not Acceptable)	
DAYTONA BEACH FL 32114			83			
	TOTAL DESCRIPTION OF THE					
			84	City	Fl	85 Zip Code
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s, the above	e-named corp	poration submits this statement for the purpose of	f changing its registered
) <u>-65.00</u>	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was all	ithorized hv	the cornorati	on's board of directors. I hereby accept the appo	intment as registered
	m tamiliar with, and accept the obliga	libris or, Section cor. 0303, 1 for	ida Olalbios	•		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE:	Registered Agen	t signature require	ed when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	SCHAMMEL, CHARLES J		1.2 NAME			
STREET ADDRESS	0000 0 1112 11110 1112 11 210 1			ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH SHORES FL		1.4 CITY-S	r-ZIP		☐ Change ☐ Addition
TITLE	D DELETE 2:		2.1 TITLE			☐ Change ☐ Addition
NAME	MILITER, STACET S		2.2 NAME			
STREET ADDRESS	104 E BAYWOOD SQ		2.3 STREET	ADDRESS		
CITY-ST-ZIP	□ PELETE		2. 4 CITY-S	T-ZIP		Change Addition
TITLE			3.1 TITLE	j		- Divinge Divergent
NAME	SCHAMMEL, LAURA JEAN		3.2 NAME			
STREET ADDRESS	128 ROSALYN AVE.		3.3 STREET			ł
CITY-ST-ZIP	DATIONA BENOTITE OF TO		3.4 CITY-S	I-ZIP		Change Addition
TITLE		ال مددداد	4.1 IIILE 4.2 NAME			
NAME			4.2 NAME 4.3 STREET	AUDDEse		
STREET ADDRESS			4.3 STREET	- 1		
CITY-ST-ZIP			5.1 TITLE	1-71		☐ Change ☐ Addition
NAME		<u></u>	5.2 NAME			ļ
STREET ADDRESS			5.3 STREET	ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY-S		•	
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			ļ
STREET ADDRESS			6.3 STREE	TADDRESS		Ì
CITY-ST-ZIP			6.4 CITY-S	T-ZIP		ļ

14. 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: