


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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000046752

1. Corporation Name

COASTAL INSURANCE REPAIRS, INC.

Principal Place of Business

Mailing Address

1801 THONOTOSASSA RD
SUITE 1
PLANT CITY FL 33566
US

1801 THONOTOSASSA RD
SUITE 1
PLANT CITY FL ###
US

FILED

99 JAN 19 PM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or ~~01/28/99~~ 06/20/1994
FEE \$150.00 ***\$150.00

4. FEI Number 65-0503553
Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 111 April Walks Dr. N.
22 City & State	27 Montgomery, TX
23 Zip	28 77356
24 Country	29 US

9. Name and Address of Current Registered Agent

COPE, DAVID
7054 N.W. 49TH STREET
LAUDERHILL FL 33319

10. Name and Address of New Registered Agent

81 Name	Cope, David
82 Street Address (P.O. Box, Number is Not Acceptable)	5345 Flamingo Pl.
83 City	Coconut Creek
84 FL	85 Zip Code 33073

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	HYATT, KENNETH
STREET ADDRESS	3614 O'HENRY
CITY-ST-ZIP	MONTGOMERY TX 77356
TITLE	VPD <input type="checkbox"/> DELETE
NAME	COPE, DAVID
STREET ADDRESS	7054 N.W. 49TH STREET
CITY-ST-ZIP	LAUDERHILL FL 33319
TITLE	STD <input type="checkbox"/> DELETE
NAME	COX, DENISE
STREET ADDRESS	3614 O'HENRY
CITY-ST-ZIP	MONTGOMERY TX 77356
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD Cope, David
2.3 STREET ADDRESS	5345 Flamingo Pl.
2.4 CITY-ST-ZIP	Coconut Creek, FL 33073
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VPD Hyatt, David
4.3 STREET ADDRESS	3614 O'Henry
4.4 CITY-ST-ZIP	Montgomery, TX 77356
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 Denise Cox Denise Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99 334-928-1199

Date

Daytime Phone #

CR2E034 (11/98)