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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 19 1996 8:00 am
Secretary of State

DOCUMENT # P94000061606 (7)

1. Corporation Name

COASTAL UNDERWRITERS OF NORTH WEST FLORIDA, INC.



Principal Place of Business

Mailing Address

P.O. BOX 2300 44
CHIEFLND FL 32626

P.O. BOX 2300 44
CHIEFLND FL 32626

2. Principal Place of Business

2a. Mailing Address

21 616 N. Main St.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Chiefland, FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 32626

25 Levy

29

30

9. Name and Address of Current Registered Agent

SAPSIN, DOLORES J
616 NORTH MAIN STREET
CHIEFLND FL 32626

81 Name

- Same -

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

8761 N.W. 52nd Ave

83

84

City Chiefland

FL

85

Zip Code 32626

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

Dolores J. Sapsin, Pres. Corp.

Signature, typed or printed name of registered agent, if applicable

(If Officer and Agent Signature required when appointing)

DATE

1/15/96

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SAPSIN, DOLORES J
STREET ADDRESS RT 4 BOX 394
CITY-ST-ZIP CHIEFLND FL 32626

TITLE V ☐ DELETE

NAME SAPSIN, LEE M
STREET ADDRESS P.O. BOX 2300 N/A
CITY-ST-ZIP CHIEFLND FL 32626

TITLE T ☐ DELETE

NAME SAPSIN, LEE A
STREET ADDRESS RT 4 BOX 294
CITY-ST-ZIP CHIEFLND FL 32626

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Secretary
Kathy J. Sapsin
8751 N.W. 52nd
Chiefland, FL 32626

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

Dolores J. Sapsin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 352-493-1001
DATE DAYTIME PHONE #

CR2E034 (12/95)