

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 31 1997 8:00am  
Secretary of State

DOCUMENT # P94000061606 (7)

1. Corporation Name

COASTAL UNDERWRITERS OF NORTH WEST FLORIDA, INC.



Principal Place of Business

Mailing Address

616 N. MAIN ST.  
CHIEFLND FL 32628

616 N. MAIN ST.  
CHIEFLND FL 32628-1101

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 City & State

28 City & State

24 Country

29 Country

30 Country

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

01/19/1996

4. FEI Number

59-3261688

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAPSIN, DOLORES J.  
8751 N.W. 52ND AVE.  
CHIEFLND FL 32628

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME SAPSIN, DOLORES J  
STREET ADDRESS RT 4 BOX 894  
CITY-ST-ZIP CHIEFLND FL 32628

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 8751 NW. 52nd AVE  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V  
NAME SAPSIN, LEE M  
STREET ADDRESS P.O. BOX 2300 N/A  
CITY-ST-ZIP CHIEFLND FL 32628

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME SAPSIN, LEE A  
STREET ADDRESS RT 4 BOX 204  
CITY-ST-ZIP CHIEFLND FL 32628

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 8751 NW 52nd AVE  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME SAPSIN, KATHY J  
STREET ADDRESS 8751 N.W. 52ND  
CITY-ST-ZIP CHIEFLND FL 32628

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

SIGNATURE: 358-44031701 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dolores J. Sapsin 1/24/97

CR2E034 (9/96)