FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000022806 (0)

1. Corporation Name
COAST PROPERTY INSPECTIONS, INC.

Principal Place of Business
10263 SANDY HOLLOW LANE
BONITA SPRINGS FL 33923

Mailing Address
10263 SANDY HOLLOW LANE
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified: 03/15/1995
3a. Date of Last Report: ~~NEW~~ 3/15/95

2. Principal Place of Business
21 10263 SANDY HOLLOW LN
Suite, Apt. #, etc.
22
City & State
23 BONITA SPRINGS, FL
Zip 24 33923 Country 25 USA

2a. Mailing Address
26 P.O. BOX 1043
Suite, Apt. #, etc.
27
City & State
28 BONITA SPRINGS, FL
Zip 29 33959 Country 30 USA

4. FEI Number: 65-0565254 — 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
RICHMAN, KENNETH W JR.
2640 GOLDEN GATE PARKWAY
SUITE 206
NAPLES FL 33942

10. Name and Address of New Registered Agent
81 Name: JAMES R. OPTEYNDT
82 Street Address (P.O. Box Number is Not Acceptable): 10263 SANDY HOLLOW LN.
83
84 City: BONITA SPRINGS, FL 85 Zip Code: 33923

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: J. R. Opteyndt PRESIDENT 5-3-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required where applicable) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	OPTEYNDT, JAMES R
STREET ADDRESS	10263 SANDY HOLLOW LANE
CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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: J. R. Opteyndt 5-3-96 941-498-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)