

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000043296 (9)

1. Corporation Name

COQUINA ET AL, INC.



Principal Place of Business

115 N 8TH AVE  
JACKSONVILLE BEACH FL 32250

Mailing Address

115 N 8TH AVE  
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1995

4. FEI Number

59-3318850

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 14444 Beach Blvd

Suite, Apt. #, etc.

22 Suite # 18-189

City & State

23 Jacksonville, FL

Zip

24 32250

Country

2a. Mailing Address

26 14444 Beach Blvd

Suite, Apt. #, etc.

27 Suite # 18-189

City & State

28 Jacksonville, FL

Zip

29 32250

Country

9. Name and Address of Current Registered Agent

MORTON, BRENDA A

115 N 8TH AVE 14444 Beach Blvd Ste# 18-189  
JACKSONVILLE FL 32250-32250

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME PSTD  
MORTON, BRENDA A  
STREET ADDRESS 115 N 8TH AVE 14444 Beach Blvd Ste# 18-189  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

NAME VP  
MORTON, CHARLES  
STREET ADDRESS 115 N 8TH AVE 14444 Beach Blvd Ste# 18-189  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

NAME T  
MORTON, ANNA  
STREET ADDRESS 115 N 8TH AVE 14444 Beach Blvd Ste# 18-189  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

change address

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

change address

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

change address

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 for on an attachment with an address.

SIGNATURE:

Sandra B. Mortham

4/11/98

CF2E034 (10/97)