

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 # **P95000056687 (3)**

1. Corporation Name

COAST TO COAST INSURANCE PROGRAMS, INC.



Principal Place of Business

Mailing Address

**5824 U.S. HIGHWAY 19
SUITE A
NEW PORT RICHEY FL 34652**

**5824 U.S. HIGHWAY 19
SUITE A
NEW PORT RICHEY FL 34652**

3. Date Incorporated or Qualified

07/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-3327954

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**WOLCOTT, DAVID C
5824 U.S. HIGHWAY 19
SUITE A
PORT RICHEY FL 34652**

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

David C. Wolcott

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4-22-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D WOLCOTT, DAVID C**
STREET ADDRESS **3215 LORI LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ DELETE

NAME **D WOLCOTT, RUTH M**
STREET ADDRESS **3215 LORI LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ DELETE

NAME **D WOLCOTT, DAVID C JR.**
STREET ADDRESS **6316 EMERSON DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ DELETE

NAME **D HURKA, THERESA L**
STREET ADDRESS **6062 FALL RIVER RIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David C. Wolcott

Date

4-22-96

Daytime Phone #

813-848-1400

CR2E034 (12/95)