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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056687 (3)

COAST TO COAST INSURANCE PROGRAMS, INC.

2. Principal Place of Business 2. Mailing Address 2. Ville, Apt. #, etc. 2. Sulte, Apt. #, etc. 2. City & State 2. City & State 2. Country 2. Country 2. Country 2. Sulte, Apt. #, etc. 2. Country 2. Country 2. Country 2. Country 2. Country 2. Country 2. Mailing Address 4. FEI Number 59-3327954 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution □ 7. Trust	Applied For Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees under s. 199.032,
SUITE A NEW PORT RICHEY FL 34652 Suite A NEW PORT RICHEY FL 34652-2995 2. Principal Place of Business 2a. Mailing Address 25. Suite, Apt. #, etc. 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 27. City & State City & State City & State 28. Country Zip Country Zip Country Zip Country 29. Name and Address of Current Registered Agent WOŁCOTT, DAVID C 5824 U.S. HIGHWAY 19 SUITE A NEW PORT RICHEY FL 34652-2995 3. Date Incorporated or Qualified O7/2 1/1995 4. FEI Number 59-3327954 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution 8. This corporation has liability for intangible tax Florida Statutes Yes N Name 82. Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable 68.75 Additional Fee Regulred \$5.00 May Be Added to Fees under s. 199.032, No
21	Applied For Not Applicable 8.75 Additional Fee Required \$5.00 May Be Added to Fees under s. 199.032, No
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27 City & State City & State 28 Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Name and Address of Current Registered Agent WOLCOTT, DAVID C 5824 U.S. HIGHWAY 19 SUITE A 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax Florida Statutes 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	Fee Required \$5.00 May Be Added to Fees under s. 199.032, No
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5824 U.S. HIGHWAY 19 SUITE A Street Address (P.O. Box Number is Not Acceptable)	
SUITE A	
64 Cily	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 characteristic 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 of the purpose of the purpo	I anging 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 appointr agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.	ment as registered
CONTRACTOR 4.14	-97
Store improved in the of it used in a symplicable (NOTI Registered Agent signature required when reinstaling) OATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIF	/
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CITY-\$1-ZIP 6.4 CITY-\$1-ZIP	Znango Lii Rodiii(UI)
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 cert 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 m I am an officer or director of the corporation or the receiver or trustee empowered to Oxicute this report as required by Chapter 607, Florida Statutes; and the appears in Block 12 or Block in the corporation or on an attachment with an address.	•