

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  
Apr 30 1997 8:00am  
Secretary of State

DOCUMENT # P95000056687 (3)

1. Corporation Name

COAST TO COAST INSURANCE PROGRAMS, INC.



Principal Place of Business

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

Mailing Address

5824 U.S. HIGHWAY 19  
SUITE A  
NEW PORT RICHEY FL 34652-2995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

07/21/1995

3a. Date of Last Report

04/25/1996

4. FEI Number

59-3327954

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

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

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

DAVID C. WOLCOTT

4-24-97

(Signature typed and printed name of registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME RUTH M. WOLCOTT  
STREET ADDRESS 3215 LORI LANE  
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME HURKA, THERESA L  
STREET ADDRESS 6082 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 ☒

President

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒

SEC. / TREAS.

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒

Vice Pres.

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒

Vice Pres.

☒ 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 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

DAVID C. WOLCOTT

DAVID C. WOLCOTT

4/24/97 813-848-1400

CR2E034 (9/96)