

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

FILED  
Feb 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000072815 (0)

1. Corporation Name  
CORAL BAY FINANCIAL, INC.

Principal Place of Business

4124 BARRANCAS AVE  
PENSACOLA FL 32507  
US

Mailing Address

4124 BARRANCAS AVE  
PENSACOLA FL 32507  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/15/1995

4. FEI Number  
59-3335924

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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 5499 Pensacola Blvd
22 City & State	27 Pensacola FL 32514
23 Zip	28 32505
24 Country	29 U.S.A.

9. Name and Address of Current Registered Agent


TREIS, ROBERT E  
4124 BARRANCAS AVE  
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name	RAY P. POPE
82 Street Address (P.O. Box Number is Not Acceptable)	4400 BAYOU BOULEVARD #54B
83	
84 City	Pensacola
85 Zip Code	FL 32503

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

 Ray P. Pope

2-16-98  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREIS, ROBERT E	1.2 NAME	CHRISTOPHER P. BOVERT
STREET ADDRESS	2120 KARLBURG DRIVE	1.3 STREET ADDRESS	8120 FORDHAM DR.
CITY-ST-ZIP	PENSACOLA FL 32506	1.4 CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 its 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:

 CHRISTOPHER P. BOVERT 1/30/98 (850) 436-8868

CR2E034 (10/97)