

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000022046 (2)**

1. Corporation Name
COCONUT DEVELOPMENT CORP.

Principal Place of Business

**1512 BERTHA ST
KEY WEST FL 33040**

Mailing Address

**1512 BERTHA ST
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/07/1996** 3a. Date of Last Report

2. Principal Place of Business **729-TRUMAN AVENUE** 2a. Mailing Address **729 TRUMAN AVENUE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State **Key West, FL** 27 City & State **Key West, FL**

23 Zip **33040** Country **USA** 28 Zip **33040** Country **USA**

24 25 29 30

4. FEI Number **65-063687** 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

9. Name and Address of Current Registered Agent
**HAYES, PAUL N
1512 BERTHA ST
KEY WEST FL 33040**

10. Name and Address of New Registered Agent
81 Name **HAYES, PAUL N.**
82 Street Address (P.O. Box Number is Not Acceptable) **729 TRUMAN AVENUE**
83
84 City **Key West** FL 85 Zip Code **33040**

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 *Paul N. Hayes* 9/15/97
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 **DP** ☐ DELETE
NAME **LAUGHLIN, MICHAEL**
STREET ADDRESS **101 BEAVER DAM RD**
CITY-ST-ZIP **AKEN SC 29801**

TITLE **DV** ☐ DELETE
NAME **CARLSON, DEAN**
STREET ADDRESS **1512 BERTHA ST**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **DST** ☐ DELETE
NAME **HAYES, PAUL N**
STREET ADDRESS **1512 BERTHA ST**
CITY-ST-ZIP **KEY WEST FL 33040**

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

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 **729-TRUMAN AVENUE**
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **729-TRUMAN AVENUE**
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 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 *Michael Laughlin* 9/15/97 205, 204 1901

CR2E034 (4/97)