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May 13 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000048110 (6)

1. Corporation Name  
COAN, INC.

Principal Place of Business

6801 SOUTHWELL DRIVE  
BROOKSHIRE  
FT MYERS FL 33912

Mailing Address

6801 SOUTHWELL DRIVE  
BROOKSHIRE  
FT MYERS FL 33912-1567

3. Date Incorporated or Qualified

06/06/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 5100 S. CLEVELAND AVE.

Suite, Apt. #, etc.

22 SUITE #304

City & State

23 FT. MYERS, FL

Zip

24 33907

Country

25 LEE

2a. Mailing Address

26 5100 S. CLEVELAND AVE.

Suite, Apt. #, etc.

27 SUITE #304

City & State

28 FT. MYERS, FL

Zip

29 33907

Country

30 LEE

4. FEI Number

65-0610601

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

ROMOSER, CONNIE  
6801 SOUTHWELL DRIVE  
BROOKSHIRE  
FT MYERS FL 33912

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 *Connie Romoser*

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

(NOTE: Registered Agent signature required when reinstating)

4-30-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ROMOSER, CONNIE  
STREET ADDRESS 6801 SOUTHWELL DRIVE  
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ DELETE

NAME ROMOSER, JOHN  
STREET ADDRESS 6801 SOUTHWELL DRIVE  
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 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 *John Romoser* *John Romoser*

4-10-97 (901) 939-4080

CR2E034 (9/96)