

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000008575 (7)

1. Corporation Name

COASTAL BANK CORPORATION

Principal Place of Business

999 NINTH STREET, SOUTH
SUITE 101
NAPLES FL 34102

Mailing Address

999 NINTH STREET, SOUTH
SUITE 101
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1997

4. FEI Number

45-0729764

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

21 400 5th S.

Suite, Apt., etc.

22 101

City & State

23 NAPLES, FL

Zip

24 34102

Country

25

2a. Mailing Address

26 400 5th S.

Suite, Apt., etc.

27 101

City & State

28 NAPLES, FL

Zip

29 34102

Country

30

9. Name and Address of Current Registered Agent

MCCAFFREY, JUDITH E
%COASTAL BANK CORPORATION
5811 PELICAN BAY BLVD., #206-A
NAPLES FL 34908

10. Name and Address of New Registered Agent

81 Name

J. T. JACKSON

82 Street Address (P.O. Box Number is Not Acceptable)

400-5th Ave Ste #101

83

84 City

NAPLES

FL

85 Zip Code

34102

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

[Signature]

5/1/97

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 D ☒ DELETE

NAME WRIE, W J
STREET ADDRESS 4001 TAMiami TRAIL NO STE 210
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE

NAME CHAIRMAN
WILLIAM RYAN
STREET ADDRESS 8111 BAY COLONY DR
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ DELETE

NAME EARL HODGES
STREET ADDRESS 2140 COACH HOUSE LN.
CITY-ST-ZIP NAPLES, FL 34105

TITLE ☐ DELETE

NAME DIRECTOR
DANIEL KETTERHAGEN
STREET ADDRESS 8990 WOODLAKE DR
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ DELETE

NAME DIRECTOR
STANLEY HOLE
STREET ADDRESS 3308 GIN LAMP
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ DELETE

NAME PRESIDENT
SIDNEY T. JACKSON
STREET ADDRESS 762 HICKORY RD
CITY-ST-ZIP NAPLES, FL 34108

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME C.E.O.
1.3 STREET ADDRESS RICHARD HORNE
1.4 CITY-ST-ZIP 400-5th Ave Ste 101
NAPLES, FL 34102

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 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 *[Signature]*

5/1/98 944-434-0441
944-597-1940

CR2E034 (10/97)