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

 PROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000025307 (4)

COATES LAND MANAGEMENT COMPANY, INC.

## **FILED** May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address	
· · ·	01/001 410 10131 40031 8031 6011 6011 6013 F013 F1041 0710 F1041 0710 6611 6611 7601 4001
S94 WATERFORD CIRCLE EAST TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689	DO NOT WRITE IN THIS SPACE
	Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address 4. FEI N	20/1997 lumber Applied For
	3-0956518   Not Applicable
Suite, Apt. #, etc.*	\$8.75 Additional
[22]    27	icate of Status Desired Fee Required
City & State City & State 6. Elect	ion Campaign Financing \$5.00 May Be
	Fund Contribution Added to Fees
	corporation owes or has paid the current year Intangible
)	anal Property Tax due June 30. Yes No e and Address of New Registered Agent
COATES, LARRY B1 Name	and Addition of How Hogistolog Hygin
4004 MINOTHAGOD DD MODTH	N. N. A.
4324 MUCEMOUN DR. NUHTH B2 Street Address (P.O. Bo	x 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 subr	nite this statement for the nurnose 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, typed or printed name of registered egent and tille it applicable (NOTE: Registered Agent signature required when reinstati	ng) DATE
12. OFFICERS AND DIRECTORS 13. ADDIT	IONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PRESIDENT DELETE 1.1 TITLE  NAME CARRY CONTES  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-S1-ZIP  TITLE  DELETE  2.1 TITLE	☐ Change ☐ Addition
NAME GARRY CONTES 12 NAME	1
STREET ADDRESS 4324 KIGGENOON ONIVE NORTH 13 STREET ADDRESS	ļ
CITY-ST-ZIP PALM HARSON, FLURIDA 34685 14CHY-ST-ZIP	
	Change Addition
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CRTY-ST-ZIP  2. 4 CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE	Change Addition
NAME 3.2 NAME	Cuands Nontroll
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-SI-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-S1-ZIP	
TITLE DELETE . 5.1 TITLE	Change Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 6.2 NAME	İ
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.	

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 appears with an address.