

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90001 013 ***158.75

DOCUMENT # P98000017557

1. Corporation Name

COAKLEY BAY INVESTMENT CO, INC.



Principal Place of Business

Mailing Address

~~721 HUCKLEBERRY LANE~~

~~721 HUCKLEBERRY LANE~~

~~NORTH PALM BEACH FL 33408~~

~~NORTH PALM BEACH FL 33408~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1998

4. FEI Number

65-0862250

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21 789 South Federal Highway PO Box 12788

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 310

27

23 Stuart, FL

28 Ft. Pierce, FL

Zip Country

Zip Country

24 34994 25 USA

29 34997 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KNOX, ROBERT T~~
~~721 HUCKLEBERRY LANE~~
~~NORTH PALM BEACH FL 33408~~

81 Name

WILLIAM E. CORLEY III

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

789 SOUTH FEDERAL HWY

83

Bldg II, STE 310

84

City

STUART

FL

85 Zip Code

34994

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 William E. Corley III WILLIAM E. CORLEY III REGISTERED AGENT

DATE 2/18/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D KNOX, ROBERT T

STREET ADDRESS ~~721 HUCKLEBERRY LANE~~
CITY-ST-ZIP ~~NORTH PALM BEACH FL 33408~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 789 South Federal Highway Suite 310

1.4 CITY-ST-ZIP Stuart, FL 34994

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS D Enterline, Jack J

2.4 CITY-ST-ZIP 789 South Federal Highway Suite 310

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

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, with all other like empowered.

SIGNATURE: Robert T. Knox Director Rob. T. Knox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/18/99 DAYTIME PHONE # 361-781-9900

CR2E034 (1/198)