

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90007 036 ***550.00

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1. Corporation Name

COIN COLLECTORS, INC.

Principal Place of Business

**100 MILLER STREET
PALATKA FL 32177**

Mailing Address

**100 MILLER STREET
PALATKA FL 32177**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1998

4. FEI Number

59-3513527

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DOMPE, JOHN
100 MILLER STREET
PALATKA FL 32177**

10. Name and Address of New Registered Agent

81 Name **Alan Anderson**
82 Street Address (P.O. Box Number is Not Acceptable)
100 Miller St.
83
84 City **Palatka** FL 85 Zip Code **32177**

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

Alan Anderson
Signature, typed or printed name of registered agent and use if applicable.*Alan Anderson*
(NOTE: Registered Agent signature required when relinquishing)*4/12/99*
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P/T PRESIDENT
STREET ADDRESS		1.3 STREET ADDRESS	Alan Anderson
CITY-ST-ZIP		1.4 CITY-ST-ZIP	100 Miller St. Palatka, FL 32177
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SECRETARY-TREASURER
STREET ADDRESS		2.3 STREET ADDRESS	John Dompe
CITY-ST-ZIP		2.4 CITY-ST-ZIP	100 Miller St. Palatka, FL 32177
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VICE PRESIDENT
STREET ADDRESS		3.3 STREET ADDRESS	Jack Moore
CITY-ST-ZIP		3.4 CITY-ST-ZIP	100 Miller St. Palatka, FL 32177
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VICE PRESIDENT
STREET ADDRESS		4.3 STREET ADDRESS	Arland Brunella
CITY-ST-ZIP		4.4 CITY-ST-ZIP	100 Miller St. Palatka, FL 32177
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 119.07(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:

Alan Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*4/12/99*
Date*904.325-1011*
Daytime Phone

CR2E034 (1/98)