

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90231 042 ***150.00

DOCUMENT # S49574

1. Corporation Name

COASTAL REALTY SERVICES, INCORPORATED

Principal Place of Business

5401 W. KENNEDY BLVD., SUITE 740
TAMPA FL 33609

Mailing Address

5401 W. KENNEDY BLVD., SUITE 740
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1991

4. FEI Number

59-3111666

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

2. Principal Place of Business

21 19321 US Hwy 19 N

2a. Mailing Address

26 19321 US Hwy 19 N

Suite, Apt. #, etc.

22 C303

Suite, Apt. #, etc.

27 C303

City & State

23 Clearwater FL

City & State

28 Clearwater FL

Zip

24 33764

Country

25

Zip

29 33764

Country

30

9. Name and Address of Current Registered Agent

MARKS, LEONARD H
1408 N WESTSHORE BLVD
STE 916
TAMPA FL 33607

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

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 DP ☐ DELETE

NAME CRENSHAW, CURTIS A.
STREET ADDRESS 16316 VILLARREAL DEL AVI
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME CRENSHAW, BETTY
STREET ADDRESS 16316 VILLARREAL DEL AVI
CITY-ST-ZIP TAMPA FL

TITLE STD ☐ DELETE

NAME LARSON, JEANNINE C.
STREET ADDRESS 2908 LAKE STALL LANE
CITY-ST-ZIP TAMPA FL

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

Same

1.3 STREET ADDRESS

1170 Gulf Blvd Apt 2006
Clearwater FL 33767

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

1170 Gulf Blvd Apt 2006
Clearwater FL 33767

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, with all other like empowered.

SIGNATURE:

Curtis A. Crenshaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

727-535-9567

Date

Daytime Phone #

CR2E034 (11/98)