FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S55156** **(1)**

1. Corporation Name

COATES, DAVIS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
25 SECOND STREET NORTH. SUITE #420 ST. PETERSBURG FL 33701	25 SECOND STREET NORTH. SUITE #420 ST. PETERSBURG FL 33701

3. Date Incorporated or Qualified: **05/28/1991**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21: 9700 KOGER BLVD
22 Suite, Apt. #, etc.: 108
23 City & State: ST. PETERSBURG FL
24 Zip: 33702
25 Country: USA

2a. Mailing Address
26: ← SAME NEW
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-3069053 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COATES, THOMAS H.
10135 YACHT CLUB DRIVE
TREASURE ISLAND FL 33706

10. Name and Address of New Registered Agent

81 Name: WILLIAM L. DAVIS
82 Street Address (P.O. Box Number is Not Acceptable): 9700 KOGER BLVD, SUITE 108
83:
84 City: ST. PETERSBURG **FL** 85 Zip Code: 33702

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 L. Davis — WILLIAM L. DAVIS, PRES. — DATE: 2/21/96
(Signature, typed or printed name of individual, and capacity or relationship to corporation) (NOTE: Registered Agent's signature required if changed in 10 above)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COATES, T. H.		1.2 NAME		
STREET ADDRESS	10135 YACHT CLUB DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 CITY-ST-ZIP		
TITLE	PSD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DAVIS, W. L.		2.2 NAME		
STREET ADDRESS	~~1605 B. ROYAL PALM DR. S.~~ →		2.3 STREET ADDRESS	664 TALLAHASSEE DR. N.E.	
CITY-ST-ZIP	~~GULFPORT FL~~		2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: William L. Davis — 2/21/96 — (813) 570-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #