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

Feb 18 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # COBURN MANAGEMENT COMPANY Principal Place of Business Mailing Address 658 BAMBOO CT. 658 BAMBOO CT. MARCO ISLAND FL 34145 MARCO ISLAND FL 34145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1991 2. Principal Place of Businesis 2a. Mailing Address Applied For 21 26 65-0274757 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Ζφ Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes 24 25 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name NEALE, PATRICK H ESQ. 48 TEMPLEWOOD CT. 82 Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 34145 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTÖRS 12 13. DETETE TITLE Change Addition COBURN, THOMAS 1.2 NAME 658 BAMBOO CT. STREET ADDRESS 1.3 STREET ADDRESS MARCO ISLAND FL 34145 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 101 F 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CHTY-ST-ZIP

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6 4 CITY - ST- ZIP

DELETE

14. Thereby 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 supplimental annual report of 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 of the ecceptor or true of impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing of on an attention of the property of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attention of the property of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on a latter than 12 or Block 13 if changing or on the property of the exemption of the corporation of the property of the exemption of the corporation of the exemption of the exempti 2/11/98 1-941-642-4606

Change

Addition

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