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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:04

DOCUMENT # S95332 (0)

1. Corporation Name
COASTAL STATES INSURANCE, INC.

Principal Place of Business	Mailing Address
2605 THOMAS DR STE 225 PANAMA CITY BCH FL 32408	2605 THOMAS DR STE 225 PANAMA CITY BCH FL 32408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/15/1991
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-3095440 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SLOAN, TIMOTHY J.
427 MCKENZIE AVE.
PANAMA CITY FL 32401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BROWN, DONALD L.	1.2 NAME	BROWN, DONALD L.	
STREET ADDRESS	445 WAHOO RD BOX 28062	1.3 STREET ADDRESS	2669 FEDDL LANE	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	LAWSON, JEFFREY W.	2.2 NAME		
STREET ADDRESS	2316 W BCH DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	VACCARO, MARK A	3.2 NAME		
STREET ADDRESS	BAYPOINT BOX 28477	3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE		☐ Change ☐ Addition
NAME	BOUGAN, VICKI B.	4.2 NAME		
STREET ADDRESS	4027 MARY LOUISE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	V	☐ Change ☒ Addition
NAME		5.2 NAME	BEEKEL, TIMOTHY G.	
STREET ADDRESS		5.3 STREET ADDRESS	102 PALM HARBOUR BLVD	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: Vicki B. Bougan Vicki B. Bougan 3/21/95 (904) 233-9060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001380 CP