

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 90140 031 ***150.00

DOCUMENT # V36119

1. Corporation Name
COASTAL DEVELOPMENT COMPANY, INC.

Principal Place of Business

5401 W KENNEDY BLVD
STE 740
TAMPA FL 33609
US

Mailing Address

5401 W KENNEDY BLVD
STE 740
TAMPA FL 33609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1992

4. FEI Number

59-3127639

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 Highway 19 N**

2a. Mailing Address

26 **19321 US Highway 19 N**

Suite, Apt. #, etc.

22 **C303**

Suite, Apt. #, etc.

27 **C303**

City & State

23 **Clearwater FL**

City & State

28 **Clearwater FL**

24 Zip **33764**

Country

29 Zip **33764**

Country

30

9. Name and Address of Current Registered Agent

CRENSHAW, CURTIS A.
1408 N WESTSHORE BLVD
STE 916
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

19321 US Highway 19 N

83 Suite

C303

84 City

Clearwater

FL

85 Zip Code
33764

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 **D** ☐ DELETE
NAME **CRENSHAW, CURTIS A.**
STREET ADDRESS **1408 N WESTSHORE BLVD STE 916**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **19321 US Highway 19 N Suite C303**
1.4 CITY-ST-ZIP **Clearwater FL 33764**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
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** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99

727-535-9567

Date

Daytime Phone #

CR2E034 (11/98)