

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90003 029 ***150.00

DOCUMENT # V59202

1. Corporation Name

COAST TO COAST OF NAPLES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4888 DAVIS BLVD
STE #121
NAPLES FL 34104
US

Mailing Address

4888 DAVIS BLVD
STE #121
NAPLES FL 34104
US

2. Principal Place of Business

21 1601 W. Marion 203R

Suite, Apt. #, etc.

22 203 R

23 City & State
Punta Gorda, Fl.

24 Zip 33950 25 Country US

2a. Mailing Address

26 1601 W. Marion

Suite, Apt. #, etc.

27 203 R

28 City & State
Punta Gorda, Fl.

29 Zip 33950 30 Country US

3. Date Incorporated or Qualified

08/21/1992

4. FEI Number

65-0353810

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

ARNOLD, MARCIA R.

~~386 S. GOLF DR.~~

~~NAPLES FL 34102~~

1601 W. Marion 203 R
Punta Gorda, Fl. 33950

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 ☐ DELETE

NAME D ARNOLD, MARCIA R.

STREET ADDRESS ~~386 S. GOLF DR.~~

CITY-ST-ZIP ~~NAPLES FL 34102~~

TITLE ☐ DELETE

NAME VS HANSON, EDWARD J., JR.

STREET ADDRESS ~~386 S. GOLF DR.~~

CITY-ST-ZIP ~~NAPLES FL 34102~~

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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Change

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Addition

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Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

888-507-1682

Date

Daytime Phone #

CR2E034 (11/98)