

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 PM 3: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200001473032
-05/03/95--01061--002
***4050.00 ***200.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # 356096 (8)

1. Corporation Name
PALM COAST INC

Principal Place of Business Mailing Address
EXECUTIVE OFFICE EXECUTIVE OFFICE
1 CORPORATE DRIVE 1 CORPORATE DRIVE
PALM COAST FL 32151 PALM COAST FL 32151

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 25 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 City & State
24 Zip 25 County 29 Zip 30 County

3. Date Incorporated or Qualified 3a. Date of Last Report
12/01/1969 05/01/1994
4. FEI Number Applied For
59-1366342 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under § 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 81 Name
1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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 of current or former registered agent and fee payor) (Signature of Registered Agent, signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARBERG, LEE W	1.2 NAME	
STREET ADDRESS	EXECUTIVE OFFICES, 1 CORPORATE DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	PALM COAST FL	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMOUR, WILLIAM	2.2 NAME	
STREET ADDRESS	EXECUTIVE OFFICES, 1 CORPORATE DRIVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	PALM COAST FL	2.4 CITY, ST, ZIP	
TITLE	DV	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, JR. SAMUEL	3.2 NAME	VD
STREET ADDRESS	EXECUTIVE OFFICES, 1 CORPORATE DRIVE	3.3 STREET ADDRESS	
CITY, ST, ZIP	PALM COAST FL	3.4 CITY, ST, ZIP	
TITLE	DV	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, JAMES E.	4.2 NAME	VD
STREET ADDRESS	EXECUTIVE OFFICES, 1 CORPORATE DRIVE	4.3 STREET ADDRESS	
CITY, ST, ZIP	PALM COAST FL	4.4 CITY, ST, ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLCAR, SANDRA	5.2 NAME	
STREET ADDRESS	1086 TEANECK ROAD	5.3 STREET ADDRESS	
CITY, ST, ZIP	TEANECK NJ	5.4 CITY, ST, ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUFF, ROBERT G., JR.	6.2 NAME	SP75/11
STREET ADDRESS	EXECUTIVE OFFICES, 1 CORPORATE DRIVE	6.3 STREET ADDRESS	
CITY, ST, ZIP	PALM COAST FL	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 110.07(4)(b), 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 13, unchanged, or in an after-added block on this form.

SIGNATURE: _____ DATE: 4/26/95
ROBERT G. CUFF, JR. 904 445 2677
(Signature and typed or printed name of signing officer or director)