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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 721669

1. Corporation Name

T. C. MANAGEMENT - THE COQUINA, INC.

Principal Place of Business

7900 A1A SOUTH, UNIT A-101
 ST. AUGUSTINE FL 32086-8351

Mailing Address

7900 A1A SOUTH, UNIT A-101
 ST. AUGUSTINE FL 32086-8351



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

09/08/1971

4. FEI Number

59-1425179

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

9. Name and Address of Current Registered Agent

CARPENTER, RONALD A
5608 NW 43RD STREET
GAINESVILLE FL 32606

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 617.0502 and 617.1508, 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 617.0503, 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 DELETE

TITLE PD
 NAME CARLSON, SYLVIA
 STREET ADDRESS 38 TURKEY CREEK
 CITY-ST-ZIP ALACHUA FL

TITLE ~~VD~~
 NAME ~~WITTINGTON, DICK~~
 STREET ADDRESS ~~5610 NW 45TH LANE~~
 CITY-ST-ZIP ~~GAINESVILLE FL 32607~~

TITLE ~~VD~~
 NAME MCGRATH, MILTON
 STREET ADDRESS 451 NW 58TH ST
 CITY-ST-ZIP GAINESVILLE FL 32607

TITLE ~~SB TREAS PT~~
 NAME FRITTS, MILLIE
 STREET ADDRESS 1282 REDBUD LN
 CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ~~SEC. SD~~
 NAME KILLIAN, CAROL ANN
 STREET ADDRESS 7242 TRAILS END
 CITY-ST-ZIP J. VILLE, FL 32211

TITLE ~~ALAN GOFORTH~~
 NAME ALAN GOFORTH
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

B. ALAN GOFORTH
3100 SW 2nd Ct.
D. GAINESVILLE FL 32601

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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)