

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 FEB 24 AM 11:30

DOCUMENT # N37300 (3)

1. Corporation Name
FIRST COAST MANUFACTURERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
8421 BAYMEADOWS WAY. SUITE 2 JACKSONVILLE FL 32256

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **03/22/1990** 3a. Date of Last Report **02/28/1994**
4. FEI Number **59-2922415** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIELS, L. A., JR.
8421 BAYMEADOWS WAY,
SUITE 2
JACKSONVILLE FL 32256

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **HALL, Y. E. J**
STREET ADDRESS **136 EASTPORT RD**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **D**
NAME **ROBBINS, GEORGE W.**
STREET ADDRESS **FOOT OF W 61ST STREET**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **D**
NAME **DUNCAN, DOUG**
STREET ADDRESS **9409 EASTPORT RD**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **D**
NAME **CUSICK, PATRICK W**
STREET ADDRESS **6743 SOUTHPOINT DR N.**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **D**
NAME **EVANS, HOWELL (MACK), JR**
STREET ADDRESS **4520 LAKESIDE DR.**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **D**
NAME **JONES, THOMAS P JR.**
STREET ADDRESS **8500 HECKSCHER DR**
CITY - ST - ZIP **JACKSONVILLE FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME **John Baggett**
2.3 STREET ADDRESS **2051 N. Lane Avenue**
2.4 CITY - ST - ZIP **Jacksonville, FL 32254**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME **John Wilchek**
4.3 STREET ADDRESS **111 Busch Drive**
4.4 CITY - ST - ZIP **Jacksonville, FL 32218**

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

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(3)(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 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, changed, or on an attachment with an address.

SIGNATURE: **L.A. Daniels, Jr., President** 2/17/95 (904) 731-2280