

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N37300 (3)

1. Corporation Name

FIRST COAST MANUFACTURERS ASSOCIATION, INC.



Principal Place of Business: **8421 BAYMEADOWS WAY, SUITE 2 JACKSONVILLE FL 32256**
Mailing Address: **8421 BAYMEADOWS WAY, SUITE 2 JACKSONVILLE FL 32256**

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

3. Date Incorporated or Qualified: **03/22/1990**
3a. Date of Last Report: **02/24/1995**
4. FEI Number: **59-2922415**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of each person named in Block 12 (change if applicable)

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, Y. E. J	
STREET ADDRESS	136 EASTPORT RD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAGGETT, JOHN	
STREET ADDRESS	2051 N. LANE AVENUE	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNCAN, DOUG	
STREET ADDRESS	9469 EASTPORT RD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILCHEK, JOHN	
STREET ADDRESS	111 BUSCH DRIVE	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, HOWELL (MACK), JR	
STREET ADDRESS	4520 LAKESIDE DR.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, HOMAS P JR.	
STREET ADDRESS	8500 HECKSCHER DR	
CITY-STATE-ZIP	JACKSONVILLE FL	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS (fill 12)

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Director
53 STREET ADDRESS	Larry E. Rose
54 CITY-STATE-ZIP	735 East Bay Street
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Jacksonville, FL 32202
63 STREET ADDRESS	
64 CITY-STATE-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 119.073(j), 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.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96
Date

(904) 731-2280
Telephone Number

CR2E037 (12/95)