

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 16 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N37300 (3)
1. Corporation Name
FIRST COAST MANUFACTURERS ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business 7775 BAYMEADOWS WAY STE 106 JACKSONVILLE FL 32256 US | Mailing Address 7775 BAYMEADOWS WAY STE 106 JACKSONVILLE FL 32256 US |
|--|--|

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 03/22/1990 | | |
| 4. FEI Number 59-2922415 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

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

9. Name and Address of Current Registered Agent

**DANIELS, L. A., JR.
7775 BAYMEADOWS WAY
STE 106
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 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|--|---------------------------------------|
| TITLE D <input checked="" type="checkbox"/> DELETE | NAME HALL, Y. E. J |
| STREET ADDRESS 136 EASTPORT RD | CITY-ST-ZIP JACKSONVILLE FL |
| TITLE D <input type="checkbox"/> DELETE | NAME BAGGETT, JOHN |
| STREET ADDRESS 2051 N. LANE AVENUE | CITY-ST-ZIP JACKSONVILLE FL |
| TITLE D <input type="checkbox"/> DELETE | NAME DUNCAN, DOUG |
| STREET ADDRESS 9469 EASTPORT RD | CITY-ST-ZIP JACKSONVILLE FL |
| TITLE D <input type="checkbox"/> DELETE | NAME WILCHEK, JOHN |
| STREET ADDRESS 111 BUSCH DRIVE | CITY-ST-ZIP JACKSONVILLE FL |
| TITLE D <input checked="" type="checkbox"/> DELETE | NAME ROSE, ALRRY E |
| STREET ADDRESS 735 EAST BAY STREET | CITY-ST-ZIP JACKSONVILLE FL |
| TITLE D <input type="checkbox"/> DELETE | NAME JONES, HOMAS P JR. |
| STREET ADDRESS 8500 HECKSCHER DR | CITY-ST-ZIP JACKSONVILLE FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | NAME White, Edward W., Jr. |
| 1.2 STREET ADDRESS 4168 Southpoint Parkway, Suite 101 | 1.3 CITY-ST-ZIP Jacksonville, FL 32216 |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2.2 NAME |
| 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 3.2 NAME |
| 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 4.2 NAME |
| 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| 5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 5.2 NAME Burnsworth, John |
| 5.3 STREET ADDRESS 825 North Lane Avenue | 5.4 CITY-ST-ZIP Jacksonville, FL 32254 |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | 6.2 NAME |
| 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **L.A. Daniels, Jr., President 1/6/98 (904)731-2280**

CR2E037 (10/97)