

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 356096 (8)

1. Corporation Name

PALM COAST INC

Principal Place of Business

EXECUTIVE OFFICE  
1 CORPORATE DRIVE  
PALM COAST FL 32151

Mailing Address

EXECUTIVE OFFICE  
1 CORPORATE DRIVE  
PALM COAST FL 32151



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/01/1969

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1366342

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title in parentheses

(NOTE: Registered Agent signature required if no change)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME PD  
ARBERG, LEE W  
STREET ADDRESS EXECUTIVE OFFICES, 1 CORPORATE DRIVE  
CITY-ST-ZIP PALM COAST FL

TITLE ☐ DELETE

NAME V  
ARMOUR, WILLIAM  
STREET ADDRESS EXECUTIVE OFFICES, 1 CORPORATE DRIVE  
CITY-ST-ZIP PALM COAST FL

TITLE ☐ DELETE

NAME VD  
BUTLER, JR. SAMUEL  
STREET ADDRESS EXECUTIVE OFFICES, 1 CORPORATE DRIVE  
CITY-ST-ZIP PALM COAST FL

TITLE ☐ DELETE

NAME VD  
GARDNER, JAMES E.  
STREET ADDRESS EXECUTIVE OFFICES, 1 CORPORATE DRIVE  
CITY-ST-ZIP PALM COAST FL

TITLE ☐ DELETE

NAME V  
BOLCAR, SANDRA  
STREET ADDRESS 1086 TEANECK ROAD  
CITY-ST-ZIP TEANECK NJ

TITLE ☐ DELETE

NAME S  
CUFF, ROBERT G., JR.  
STREET ADDRESS EXECUTIVE OFFICES, 1 CORPORATE DRIVE  
CITY-ST-ZIP PALM COAST FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Robert G. Cuff

2/13/96

(904)445-2677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Outside Phone

CR2E034 (12/95)