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FILED

May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

EXECUTIVE OFFICE  
1 CORPORATE DRIVE  
PALM COAST FL 32151

EXECUTIVE OFFICE  
1 CORPORATE DRIVE  
PALM COAST FL 32151

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1969

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS CALLEA, CHARLES J  
CITY-ST-ZIP 1 CORPORATE DR  
PALM COAST FL

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME GORDON AVERY V.  
1.3 STREET ADDRESS GORDON AVERY  
1.4 CITY-ST-ZIP 777 Old Sawmill Rd. Suite 260  
Tarrytown, NY 10591-6726

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

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME ASSISTANT S.  
2.3 STREET ADDRESS VICTORIA P. GARD  
2.4 CITY-ST-ZIP 1 CORPORATE DR.  
PALM COAST, FL 32151

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS GARDNER, JAMES E.  
CITY-ST-ZIP Q CORPORATE DR  
PALM COAST FL

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME ASSISTANT S.  
3.3 STREET ADDRESS RICHARD POWERS  
3.4 CITY-ST-ZIP 4 West Red Oak Ln.  
White Plains, NY 10604

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS BOLCAR, SANDRA  
CITY-ST-ZIP 1088 TEANECK ROAD  
TEANECK NJ

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)