

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90009 016 ***150.00

DOCUMENT # 356096

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



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 the current year Intangible
Personal Property Tax. ☐ 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 607.0505, 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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CALLEA, CHARLES J	
STREET ADDRESS	1 CORPORATE DR	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, JR. SAMUEL	
STREET ADDRESS	EXECUTIVE OFFICES, 1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GARDNER, JAMES E.	
STREET ADDRESS	Q CORPORATE DR	
CITY-ST-ZIP	PALM COAST FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOLCAR, SANDRA	
STREET ADDRESS	1086 TEANECK ROAD	
CITY-ST-ZIP	TEANECK NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CUFF, ROBERT G., JR.	
STREET ADDRESS	EXECUTIVE OFFICES, 1 CORPORATE DRIVE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AVERY, GORDON	
STREET ADDRESS	777 OLD SAW MILL RD SUITE 260	
CITY-ST-ZIP	TARRYTOWN NY 10591-6726	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICTORIA P. GARD	
1.3 STREET ADDRESS	1 CORPORATE DR	
1.4 CITY-ST-ZIP	PALM COAST, FL 32151	
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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)(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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT G. CUFF, JR.

Date

Daytime Phone #

4/28/99 904 445 2677

CR2E034 (11/98)