SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -7 AM 10: 39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N93000003781 (2)**

1. Corporation Name
FIRST COAST VENTURE CAPITAL GROUP, INC.

Principal Place of Business	Mailing Address
~~205 THOUSAND OAKS BLVD.~~ ~~PONTE VEDRA BEACH FL 32082~~ ~~12636 Shinnecock Way~~	~~205 THOUSAND OAKS BLVD.~~ ~~PONTE VEDRA BEACH, FL 32082~~ 12

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: ~~APPLIED FOR~~ 59-3206971	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 12636 Shinnecock Way	26 12636 Shinnecock Way
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE FL	28 City & State: JACKSONVILLE FL
24 Zip: 32225	25 Country: ~~[illegible]~~ Duval
	29 Zip: 32225
	30 Country: Duval

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SATSHAW, JOHN H. V 205 THOUSAND OAKS BLVD. PONTE VEDRA BEACH FL 32082	81 Name: PORTER, PAUL C. 82 Street Address (P.O. Box Number is Not Acceptable): 209 OAK POINT LANE 83 84 City: PONTE VEDRA BEACH FL 85 Zip Code: 32082

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	AVERY, HENRY	12 NAME	
STREET ADDRESS	2506 ST. MICHEL COURT	13 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	CHACE, H B JR.	22 NAME	BENJAMIN C. BISHOP, JR
STREET ADDRESS	8787 SOUTHSIDE BLVD. STE. 2815	23 STREET ADDRESS	90 N. LAURA STREET, SUITE 3625
CITY-ST-ZIP	JACKSONVILLE FL 32256	24 CITY-ST-ZIP	~~[illegible]~~ JACKSONVILLE, FL 32202
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	HUCKINS, PEMBROKE	32 NAME	BOWRON, JOHN
STREET ADDRESS	3020 TIMBERLAKE POINT	33 STREET ADDRESS	12636 SHINNECOCK WAY
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	34 CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	DS	41 TITLE	~~DS~~ D ☒ Change ☐ Addition
NAME	LATSHAW, JOHN H JR	42 NAME	~~PHILLIPS~~ PHILLIPS, PAMELA,
STREET ADDRESS	168 BARBERRY LANE	43 STREET ADDRESS	50 N. LAURA STREET
CITY-ST-ZIP	PONTE VEDRA BEACH FL	44 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	OP	51 TITLE	☐ Change ☐ Addition
NAME	PORTER, PAUL C	52 NAME	
STREET ADDRESS	209 OAK POINT LANE	53 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	WATSON, THOMAS E	62 NAME	MALLOTT, JERRY
STREET ADDRESS	4347 DUVAL DRIVE	63 STREET ADDRESS	3 EAST INDEPENDENT DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	64 CITY-ST-ZIP	JACKSONVILLE, FL 32202

CR2E037 (3/95)

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

SIGNATURE: Paul Porter PAUL C. PORTER 8/2/95 (904) 285-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001160