

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 # H32822 (9)

1. Corporation Name

FIRST COAST TEST AND BALANCE, INC.

Principal Place of Business

1419 University Blvd. W.
Jacksonville, FL 32217

Mailing Address

3986 Boulevard Center Dr.
Suite 106
Jacksonville, FL 32207

3. Date Incorporated or Qualified
12/4/1984

3a. Date of Last Report
4/8/95

2. Principal Place of Business

2a. Mailing Address

21 1914 University Blvd.

26 3986 Blvd. Center Dr.

4. FEI Number

59-2468012

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Jacksonville, FL 32217

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32217

25 USA

29 32207

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Edwin Presser

81 Name

Mr. Edwin Presser

82 Street Address (P.O. Box Number is Not Acceptable)

3986 Boulevard Center Drive

83

Suite 106

84

City Jacksonville

FL

85 Zip Code
32207

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 D/P
NAME Cascone, Steven T.
STREET ADDRESS 1914 University Blvd. W.
CITY-ST-ZIP Jacksonville, FL 32217

☐ DELETE

TITLE D/S/T
NAME Corson, Marguerite Y.
STREET ADDRESS 1914 University Blvd. W.
CITY-ST-ZIP Jacksonville, FL 32217

☐ DELETE

TITLE V
NAME Corson, Marguerite Y.
STREET ADDRESS 1914 University Blvd. W.
CITY-ST-ZIP Jacksonville, FL 32217

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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. Further, I 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: *Steven T. Cascone* Steven T. Cascone, President

Date

Daytime Phone #

4/15/96 904-739-2541

CR2E034 (12/95)