

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

FILED  
Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** H32822 (9)

1. Corporation Name

First Coast Test and Balance, Inc.

Principal Place of Business 1914 University Blvd. Jacksonville, FL 32217	Mailing Address 4417 Beach Boulevard Suite 310 Jacksonville, FL 32207
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1914 University Boulevard	26 4417 Beach Boulevard	12/4/1984	4/9/96
22 Suite, Apt. #, etc.	27 Suite 310	4. FEI Number	Applied For
23 City & State	28 Jacksonville, FL	59-2468012	Not Applicable
24 Zip	25 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
32217		<input type="checkbox"/>	
29 Zip	30 Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
32207		Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Edwin Presser 4417 Beach Boulevard Suite 310 Jacksonville, FL 32207	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cascone, Steven T.	1.2 NAME	
STREET ADDRESS	1914 University Boulevard, West	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32217	1.4 CITY-ST-ZIP	
TITLE	D/S/T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corson, Marguerite Y.	2.2 NAME	
STREET ADDRESS	1914 University Boulevard, West	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32217	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Corson, Marguerite Y.	3.2 NAME	
STREET ADDRESS	1914 University Boulevard, West	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32217	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Steven T. Cascone* Steven T. CASCONE 3-18-97 904-739-2544  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)