

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

FILED  
Apr 09 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 # H43211 (2)  
1. Corporation Name  
EAST COAST CONSULTANTS, INC.

Principal Place of Business  
1301 S. 1ST ST., SUITE 702  
JACKSONVILLE BEACH FL 32250

Mailing Address  
1301 S. 1ST ST., SUITE 702  
JACKSONVILLE BEACH FL 32250



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/18/1985

4. FEI Number  
06-1163121  
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  
21 234 PRINDLE DRIVE EAST  
Suite, Apt. #, etc.

22 City & State  
JACKSONVILLE, FL

24 Zip  
32225  
25 Country  
U.S.

2a. Mailing Address  
26 P.O. Box 51327  
Suite, Apt. #, etc.

27 City & State  
JACKSONVILLE BEACH, FL

29 Zip  
32240-1327  
30 Country  
U.S.

9. Name and Address of Current Registered Agent

SAMMARCO, KATHLEEN A.  
1301 S. 1ST ST.  
SUITE 702  
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name  
KATHLEEN A. SAMMARCO  
82 Street Address (P.O. Box Number is Not Acceptable)  
234 PRINDLE DRIVE EAST  
83  
84 City  
JACKSONVILLE FL 85 Zip Code  
32225

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 KATHLEEN A. SAMMARCO - PRESIDENT DATE 4-1-98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS SAMMARCO, KATHLEEN A.  
CITY-ST-ZIP 1301 S. 1ST ST., #702  
JACKSONVILLE BCH. FL

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS SAMMARCO, THOMAS J.  
CITY-ST-ZIP 1301 S. 1ST ST., #702  
JACKSONVILLE BCH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME KATHLEEN A. SAMMARCO  
1.3 STREET ADDRESS 234 PRINDLE DRIVE EAST  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32225

2.1 TITLE V ☒ Change ☐ Addition  
2.2 NAME THOMAS J. SAMMARCO  
2.3 STREET ADDRESS 234 PRINDLE DRIVE EAST  
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32225

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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.

SIGNATURE: KATHLEEN A. SAMMARCO - PRESIDENT DATE 4-1-98

CR2E034 (10/97)