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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H57378** (2)
1. Corporation Name
FIRST COAST SYSTEMS, INC.



Principal Place of Business
**6430 SOUTHPOINT PKWY
JACKSONVILLE FL 32216-7978**

Mailing Address
**6430 SOUTHPOINT PKWY
JACKSONVILLE FL 32216-8015**

3. Date Incorporated or Qualified 05/16/1985	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2520834	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 6430 Southpoint Pkwy	26. 6430 Southpoint Pkwy
22. Suite, Apt. #, etc. Suite 250	27. Suite, Apt. #, etc. Suite 250
23. City & State Jacksonville FL	28. City & State Jacksonville FL
24. Zip 32216	29. Zip 32216
25. Country	30. Country

9. Name and Address of Current Registered Agent
**GIBBS, CHARLES R.
3518 HILLARD RD.
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code FL

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

Charles R. Gibbs

Charles R. Gibbs

3/21/97

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	DP <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, CHARLES R.	12 NAME	
STREET ADDRESS	3518 HILLARD RD.	13 STREET ADDRESS	SEE ATTACHED 1.
CITY - ST - ZIP	JACKSONVILLE FL	14 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, DONNA L.	22 NAME	
STREET ADDRESS	3518 HILLARD RD.	23 STREET ADDRESS	SEE ATTACHED 2.
CITY - ST - ZIP	JACKSONVILLE FL	24 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALUSHA, JOHN P.	32 NAME	
STREET ADDRESS	2087 MATEFIELD RD	33 STREET ADDRESS	SEE ATTACHED 3.
CITY - ST - ZIP	JACKSONVILLE FL	34 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACH, R. D.	42 NAME	
STREET ADDRESS	11563 VC JOHNSON RD.	43 STREET ADDRESS	SEE ATTACHED 4.
CITY - ST - ZIP	JACKSONVILLE FL	44 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHERTY, STEPHEN A	52 NAME	
STREET ADDRESS	11764 WORDSWORTH CT	53 STREET ADDRESS	SEE ATTACHED 5.
CITY - ST - ZIP	JACKSONVILLE FL	54 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILSKY, JAMES D. J	62 NAME	
STREET ADDRESS	813 BROOKSTONE CT	63 STREET ADDRESS	SEE ATTACHED 6.
CITY - ST - ZIP	JACKSONVILLE FL	64 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 included 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/97 904.279.2721

Date Daytime Phone

CR2E034 (9/96)

ATTACHMENT - SECTION 12

1. **GIBBS, CHARLES R.
CHIEF EXECUTIVE OFFICER
3518 HILLIARD ROAD
JACKSONVILLE, FL 32217**
2. **GIBBS, DONNA L.
PRESIDENT
3518 HILLIARD ROAD
JACKSONVILLE, FL 32217**
3. **GALUSHA, JOHN P.
VICE PRESIDENT/CHIEF INFORMATION OFFICER
2067 MATEFIELD ROAD
JACKSONVILLE, FL 32225**
4. **BEACH, R. DAVID
SENIOR VICE PRESIDENT
2157 HAWKCREST DRIVE
JACKSONVILLE, FL 32259**
5. **DOUGHERTY, STEPHEN A.
VICE PRESIDENT OF MARKETING
8088 GREEN GLADE ROAD
JACKSONVILLE, FL 32256**
6. **BILSKY, JAMES D. JR
VICE PRESIDENT OF RESEARCH AND DEVELOPMENT
813 BROOKSTONE COURT
JACKSONVILLE, FL 32259**

ADDITIONS:

**NOE, DANIEL S.
EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER/SECRETARY
1157 PRESTON PLACE
JACKSONVILLE, FL 32207**

**NOE, PHILLIP L.
EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER/TREASURER
1138 GREENRIDGE ROAD
JACKSONVILLE, FL 32207**