

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H57378** (2)
1. Corporation Name
FIRST COAST SYSTEMS, INC.

Principal Place of Business
**6430 SOUTHPOINT PKWY
STE. 250
JACKSONVILLE FL 32216
US**

Mailing Address
**6430 SOUTHPOINT PKWY
STE. 250
JACKSONVILLE FL 32216
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1985	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2520834	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	

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	CEO	<input type="checkbox"/> DELETE		1.1 TITLE	EVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GIBBS, CHARLES R.			1.2 NAME	Philip L. Noe		
STREET ADDRESS	3518 HILLIARD RD.			1.3 STREET ADDRESS	1138 Greenridge Rd.		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Jacksonville FL 32207		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	EVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GIBBS, DONNA L			2.2 NAME	D. Scott Noe		
STREET ADDRESS	3518 HILLIARD RD.			2.3 STREET ADDRESS	3135 Waltham Square		
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP	Jacksonville, FL 32207		
TITLE	VPC	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALUSHA, JOHN P			3.2 NAME			
STREET ADDRESS	2067 MATEFIELD RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP			
TITLE	SVP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEACH, R. D			4.2 NAME			
STREET ADDRESS	2157 HAWKCREST DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOUGHERTY, STEPHEN A			5.2 NAME			
STREET ADDRESS	8088 GREEN GLADE RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BILSKY, JAMES D JR.			6.2 NAME			
STREET ADDRESS	813 BROOKSTONE COURT			6.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/98

DATE TIME PHONE # 0006719

CR2E034 (10/97)