

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

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90089 016 ***158.75

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DOCUMENT # H57378

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

3. Date Incorporated or Qualified

05/16/1985

4. FEI Number

59-2520834

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 the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

FL

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CEO	GIBBS, CHARLES R.	3518 HILLIARD RD.	JACKSONVILLE FL	<input type="checkbox"/>
P	GIBBS, DONNA L	3518 HILLIARD RD.	JACKSONVILLE FL	<input type="checkbox"/>
VPC	GALUSHA, JOHN P	2067 MATEFIELD RD.	JACKSONVILLE FL	<input type="checkbox"/>
SVP	BEACH, R. D	2157 HAWKCREST DRIVE	JACKSONVILLE FL	<input type="checkbox"/>
VP	DOUGHERTY, STEPHEN A	8088 GREEN GLADE RD	JACKSONVILLE FL	<input checked="" type="checkbox"/>
VP	BILSKY, JAMES D JR.	813 BROOKSTONE COURT	JACKSONVILLE FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Executive Vice President - EVP	Daniel S. Noe	3135 Waltham Square	Jacksonville, FL 32207	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Executive Vice President - EVP	Phillip L. Noe	1138 Greenridge Road	Jacksonville FL 32207	<input type="checkbox"/>	<input checked="" type="checkbox"/>
James J. Steve - Vice President	VP	10361 Walden Glen Court	Jacksonville, FL 32256	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)