

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # K01681**

1. Corporation Name

**FIRST COAST COLLEGE, INC.**

Principal Place of Business

Mailing Address

**332 S. Nine Drive  
Ponte Vedra Beach, FL  
32082**

**332 S. Nine Drive  
Ponte Vedra Beach, FL  
32082**

2. Principal Place of Business

2a. Mailing Address

21

26

State Apt. #, etc.

State Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Wagner, Gary L.  
332 S. Nine Drive  
Ponte Vedra Beach, FL 32082**

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 607.06(2) and 607.15(6)(b), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am, the undersigned, a duly authorized officer or director of the corporation and I hereby certify that the above information is true and correct.

SIGNATURE

*[Signature]*

**7/9/96**

12

OFFICERS AND DIRECTORS

13

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (12)

NAME  
Wagner, Gary L.  
STREET ADDRESS  
332 S. Nine Drive  
CITY, STATE, ZIP  
Ponte Vedra Beach, FL 32082

NAME  
Wagner, Sharon R.  
STREET ADDRESS  
332 S. Nine Drive  
CITY, STATE, ZIP  
Ponte Vedra Beach, FL 32082

NAME  
Wagner, Edward J.  
STREET ADDRESS  
3123 Misty Creek Lane  
CITY, STATE, ZIP  
Jacksonville, FL

14. I, the undersigned, certify that the above information is true and correct. I am, the undersigned, a duly authorized officer or director of the corporation and I hereby certify that the above information is true and correct.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

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**7/9/96**

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