

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K47290 (7)

1. Corporation Name

FIRST COAST BENEFITS, INC.



Principal Place of Business

Mailing Address

~~C/O MICHAEL N. SCHNEIDER~~
~~4215 SOUTHPOINT BLVD., STE. 100~~
~~JACKSONVILLE FL 32216~~

C/O MICHAEL N. SCHNEIDER
4215 SOUTHPOINT BLVD., STE. 100
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified
11/28/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **2227 Herschel Street**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 **Jacksonville, FL**

24 Zip **32204**

27 City & State

28 Zip **32204**

29 Country

4. FEI Number
59-2971349

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

• SCHNEIDER, MICHAEL N.
• 100 NATIONAL FINANCIAL BLDG.
• 4215 SOUTHPOINT BLVD.
• JACKSONVILLE FL 32216

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 type for person making change (mark the applicable)

(If the Registered Agent's signature is required when filing, sign)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PSD BLISS, THOMAS**
STREET ADDRESS **2227 HERSCHEL ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME **T BLISS, THOMAS**
STREET ADDRESS **2227 HERSCHEL ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
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CITY-ST-ZIP

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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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas W. Bliss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. Bliss

4/30/96

DATE

904-384-4300

DAYTIME PHONE #

CR2E034 (12/95)