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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # K54219 (6)

1. Corporation Name
SOUTHCOAST CAPITAL CORPORATION

Principal Place of Business	Mailing Address
C/O ROBERT R. KREIS 1010 EAST ADAMS STREET JACKSONVILLE FL 32202	C/O ROBERT R. KREIS 1010 EAST ADAMS STREET JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 12/28/1988
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-2923831 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 1600 Independent Square	Suite, Apt. #, etc. 27 1600 Independent Square
City & State 23	City & State 28
Zip / Country 24 32202 / 25	Zip / Country 29 32202 / 30

9. Name and Address of Current Registered Agent

KREIS, ROBERT R.
~~1010 EAST ADAMS STREET~~
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1600 Independent Square
83
84 City FL 85 Zip Code 32202

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOVETT, R.D. 1010 E. ADAMS ST JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1600 Independent Square Jacksonville, Fl. 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LOVETT, W.R. (II) 1010 E. ADAMS ST. JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 1600 Independent Square Jacksonville, Fl. 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LOVETT, P.H. 1010 E. ADAMS ST. JACKSONVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3. STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 1600 Independent Square Jacksonville Fl. 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOVETT, LAUREN D. 1010 E. ADAMS ST. JACKSONVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 1600 Independent Square Jacksonville, Fl. 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOEB, KALHARMEL 1010 E. ADAMS ST. JACKSONVILLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition Loeb, K.L. 1600 Independent Square Jacksonville, Fl. 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KREIS, ROBERT R. 1010 E. ADAMS ST. JACKSONVILLE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☒ Change ☐ Addition 1600 Independent Square Jacksonville, Fl 32202

CR2E034 (12/95)

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: W. Kreis Vice Pres./Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #