2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # K5/219

FILED Apr 19, 2004 8:00 am Secretary of State 04-19-2004 90257 043 ***150.00

1. Entity Nam	OAST-TC CORPORATION										
Principal Plac 1 INDEPEND SUITE 1600 JACKSONVILL		Mailing Address 1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202-5009 US		- - - - - - - - - - - - - - - - - - -	E 8	1 	D ii Bi b i bi bi bi	TUĞIN GIRKL T	 11 12 		
2. Principal P	lace of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04072004	Chg-P		CR2E03	4 (10/03)	
City & Stat	e	City & State			4. FEI Number 59-292					Applied For Not Applicable	
Zip 	Country	Zip	Country		5. Certificate			<u></u> £	8.75 A ee Requi		
***	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of	New Reg	istered A	gent		
SHIELDS, DAVID R 1INDEPENDENT DR				Street Address (P.O. Box Number is Not Acceptable)							
SUITE 1600 JACKSONVILLE, FL 32202			-								
			City					FL	Zip Co		
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	egistered office of	r register	ed agent, or bot	th, in the Sta ·	te of Florid	da. Lam fa	amiliar wit	n, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signat	ure required	(when reinstating)			DATE			
	1.5				<u>-</u>						
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaig Trust Fund Contrib			.00 May Be led to Fees		-	•			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES 1	TO OFFIC	ERS AND	DIRECTO		
TITLE	DC	☐ Delete	TITLE	VPT	`\\-		D		☐ Change	Addition	
NAME STREET ADDRESS	LOVETT, R.D. 1 INDEPENDENT DR STE 1600.		NAME STREET ADDRESS	Shi	clas, s	JE V1 15-	Dr.	Sui	te_ 11	500	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP	Jac	cksonu	111c,	FL	327	202		
TITLE	PD	☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS	LOVETT, W.R. (II)		NAME								
CITY-ST-ZIP	1 INDEPENDENT DR STE 1600 JACKSONVILLE, FL 32202		STREET ADDRESS CITY-ST-ZIP								
TITLE -	VD	Delete	· TITLE	<u> </u>		<u>~~~</u>			☐ Change	- Addition	
'NAME	LOVETT, P.H.	LI Delete	NAME]		•			onlinge	- D Modition	
STREET ADDRESS	1 INDEPENDENT DR STE 1600		STREET ADDRESS								
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-\$T-ZIP								
TITLE	D	☐ Delete	TITLE	-					☐ Change	: 🔲 Addition	
NAME	FANT, LAUREN L		NAME	ļ	,					j	
STREET ADDRESS CITY-ST-ZIP	1 INDEPENDENT DR STE 1600		STREET ADDRESS CITY-ST-ZIP	1							
TITLE	JACKSONVILLE, FL 32202	□ Delete	TITLE	 					Change	Addition	
NAME	LOEB, K.L.	C) Delete	NAME						_ onlang.		
STREET ADDRESS	1 INDEPENDENT DR STE 1600		STREET ADDRESS								
CITY-ST-ZIP	JACKSONVILLE, FL 32202	······	CITY-ST-ZIP	<u> </u>							
TITLE	S .	☐ Delete	TITLE		,				☐ Change	Addition	
NAME etheet annucce	MELLO, JEANNINE	10	NAME STREET ADDRESS		,	•					
STREET ADDRESS CITY-ST-ZIP	1 INDEPENDENT DR SUITE 160 JACKSONVILLE, FL 32202	JU	CITY-ST-ZIP		-					-	
12. hereby	certify that the information supplied with	this filing does not qualify for t	the exemption sta	ted in Se	ection 119.07(3)	(i), Florida St	tatutes. I f	urther cert	ify that the	information	
indicatéd of the co	d on this report or supplemental report is rporation or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that mo owered to execute this report a	v signature shall h	nave the	same legal effect	ct as if made	e under oa	th; that I a	m an offic	er or director	
	11				4.8	-04					
SIGNATURE: SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Da											