FILED
Apr 25, 2005 08:00 A
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K54219

1. Entity Name
SOUTHCOAST-TC CORPORATION

Principal Place of Business	Mailing Address
1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202-5009 US	1 INDEPENDENT DR SUITE 1600 JACKSONVILLE, FL 32202-5009 US

DO NOT WRITE IN THIS SPACE

04042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2923831
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, DAVID R
1INDEPENDENT DR
SUITE 1600
JACKSONVILLE, FL 32202

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000330837
04/25/05-80170-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	LOVETT, R.D.
STREET ADDRESS	1 INDEPENDENT DR STE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	PD
NAME	LOVETT, W.R. (II)
STREET ADDRESS	1 INDEPENDENT DR STE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	VD
NAME	LOVETT, P.H.
STREET ADDRESS	1 INDEPENDENT DR STE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	FANT, LAUREN L
STREET ADDRESS	1 INDEPENDENT DR STE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	D
NAME	LOEB, K.L.
STREET ADDRESS	1 INDEPENDENT DR STE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	S
NAME	MELLO, JEANNINE
STREET ADDRESS	1 INDEPENDENT DR SUITE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-5-9 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #