2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 20, 2005
Secretary of State

DOCUMENT# K54219

Entity Name: SOUTHCOAST-TC CORPORATION

Current Principal Place of Business:

1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 322025009 US

New Principal Place of Business:

Current Mailing Address:

1 INDEPENDENT DR
SUITE 1600
JACKSONVILLE, FL 322025009 US

New Mailing Address:

FEI Number: 59-2923831 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DC	( ) Delete
Name:	LOVETT, R.D.,	
Address:	1 INDEPENDENT DR STE 1600	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	PD	( ) Delete
Name:	LOVETT, W.R. (II),	
Address:	1 INDEPENDENT DR STE 1600	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	VD	( ) Delete
Name:	LOVETT, P.H.,	
Address:	1 INDEPENDENT DR STE 1600	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	FANT, LAUREN L	
Address:	1 INDEPENDENT DR STE 1600	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	LOEB, K.L.	
Address:	1 INDEPENDENT DR STE 1600	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	S	( ) Delete
Name:	MELLO, JEANNINE	
Address:	1 INDEPENDENT DR SUITE 1600	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	SHIELDS, DAVID R	
Address:	1 INDEPENDENT DR STE 1600	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNINE MELLO VP 10/20/2005

Electronic Signature of Signing Officer or Director — Date