FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAR 27 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **K58039** **(4)**

1. Corporation Name
FIRST COASTAL MORTGAGE CORPORATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
623 HWY 98 SUITE 9 DESTIN FL 32541	~~623 HWY 98~~ ~~SUITE 9~~ ~~DESTIN FL 32541~~

3. Date Incorporated or Qualified: 01/13/1989
3a. Date of Last Report: 04/19/1994

21 2. Principal Place of Business	26 2a. Mailing Address: 3117 22 nd St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc: Suite 3
23 City & State	28 City & State: Metairie, Louisiana
24 Zip / 25 Country	29 Zip: 70002 / 30 Country: USA

4. FEI Number: 59-2924727 ☐ 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
FLEET, H. BART 1201 EGLIN PARKWAY SHALIMAR FL 32579	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 _____ DATE
(Typed or printed name of registered agent and title if agent is a corporation) (NOTE: Registered Agent's signature required when changed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MCCALL, ROBERT J.	12 NAME	MCCALL, JERLENE M.	
STREET ADDRESS	3117 22ND ST.	13 STREET ADDRESS		
CITY ST ZIP	METAIRIE LA	14 CITY ST ZIP		
TITLE	SD	21 TITLE	SD	☐ Change ☐ Addition
NAME	MCCALL, ROBERT	22 NAME	MCCALL, ROBERT	
STREET ADDRESS	3117 22ND ST.	23 STREET ADDRESS		
CITY ST ZIP	METAIRIE LA	24 CITY ST ZIP		
TITLE	VD	31 TITLE	TD	☒ Change ☐ Addition
NAME	MCCALL, JERELYN	32 NAME	MCCALL, ROBERT J.	
STREET ADDRESS	3117 22ND ST	33 STREET ADDRESS		
CITY ST ZIP	METAIRIE LA	34 CITY ST ZIP		
TITLE	~~V~~	41 TITLE		☒ Change ☐ Addition
NAME	~~DOTTMAN, CHERYL~~	42 NAME		
STREET ADDRESS	~~623 HWY 98, STE 9~~	43 STREET ADDRESS		
CITY ST ZIP	~~DESTIN FL~~	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	2nd	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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 above/on an attachment with an asterisk.

SIGNATURE: [signature] R.J. McCall, Secty 3/7/95 504-832-9801
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone #

0390466 CP