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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K68066

1. Corporation Name
SOUTHCOAST CAPITAL MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
% ROBERT R. KREIS 1 INDEPENDENT DRIVE
1600 INDEPENDENT SQUARE SUITE 1600
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-5009
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1989

4. FEI Number

59-2933761

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 1 Independent Drive

2a. Mailing Address

26

Suite, Apt. #, etc.

22 Suite 1600

Suite, Apt. #, etc.

27

City & State

23 Jacksonville, FL

City & State

28

Zip

24 32202-5009

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

KREIS, ROBERT R.
1 INDEPENDENT SQUARE
JACKSONVILLE FL 32202-5009

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1 Independent Drive

83

Suite 1600

84

City Jacksonville

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	KREIS, ROBERT R.	
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202-5009	
TITLE	DPC	<input type="checkbox"/> DELETE
NAME	LOVETT, R. D.	
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202-5009	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOVETT, W. R. II	
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202-5009	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	WILLIAMS, L. D.	
STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 1600	
CITY-ST-ZIP	JACKSONVILLE FL 32202-5009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *L. D. Williams, Vice Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 11, 1999

Date

904/634-8808

Daytime Phone #

CR2E034 (1/98)