1-18-95 B-0104-C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 PM 3:53

DOCUMENT # K72011 (5)

1. Corporation Name
FIRST COAST AGENCY, INC.

Principal Place of Business
3689 - A1A SOUTH, #375
ST. AUGUSTINE FL 32084

Mailing Address
3689 - A1A SOUTH, #375
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/10/1989
3a. Date of Last Report: 02/03/1994

2. Principal Place of Business
21 First Coast Agency Inc.
22 Suite, Apt. # etc. 1093 A1A Beach Blvd # 375
23 City & State St. Augustine, FL 32084
24 Zip
25 Country USA

2a. Mailing Address
26 First Coast Agency Inc.
27 Suite, Apt. 1093 A1A Beach Blvd # 375
28 City & State St. Augustine, FL 32084
29 Zip
30 Country U.S.A.

4. FEI Number: 59-2937947 ☐ 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

TRESTER, EDWARD F.
3689 A1A S, #375
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1093- A1A BEACH BLVD #375
83
84 City ST. AUGUSTINE FL 85 Zip Code 32084

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	TRESTER, EDWARD F.	1.2 NAME	
STREET ADDRESS	200 16TH ST. SUITE A	1.3 STREET ADDRESS	1093- A1A BEACH BLVD #375
CITY ST ZIP	ST. AUGUSTINE FL	1.4 CITY ST ZIP	ST. AUGUSTINE, FL. 32084
TITLE	ST	2.1 TITLE	☑ Change ☐ Addition
NAME	TRESTER, MAGGI	2.2 NAME	
STREET ADDRESS	200 16TH ST, #101A	2.3 STREET ADDRESS	1093- A1A BEACH BLVD #375
CITY ST ZIP	ST AUGUSTINE FL	2.4 CITY ST ZIP	ST. AUGUSTINE, FL. 32084
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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)(k), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE: Edward Trester 1-10-95 904-471-8897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0402116 FP