FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Socretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (8)L19093 FIRST COAST LAND INVESTORS, INC. Principal Place of Business Mailing Address C/O MICHAEL N. SCHNEIDER C/O MICHAEL N. SCHNEIDER 4215 SOUTHPOINT BLVD. SUITE 100 4215 SOUTHPOINT BLVD. SUITE 100 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 3. Date Incorporated or Qualified 09/28/1989 2. Principal Place of Business 2a. Mailing Address 4, FEI Number 59-2969907 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes g, Name and Address of Current Registered Agent Name and Address of New Registered Agent SCHNEIDER, MICHAEL N. 4215 SOUTHPOINT BLVD. SUITE 100 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32218 83 City 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutos. Signature, typico or printed harm of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change ANSBACHER, LEWIS NAME 1.2 NAME 4215 SOUTHPOINT BLVD.100 STREET ADDRESS 13 STREET ADDRESS JACKSONVILLE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change TITLE 21 TITLE SCHNEIDER, MICHAEL N. NAME 22 NAME 4215 SOUTHPOINT BLVD 100 STREET ADDRESS 23 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE TITLE Change DONZIGER, MICHAEL NAME 3.2 NAME 9456 PHILLIPS HWY STREET ADDRESS 3.3 STREET ADDRESS JACKSONMLLE FL CITY - ST - ZIP 3 4. CITY-ST-ZIP DPST DELFTE Change TITLE 4 1 TITLE VANDROFF, STANLEY NAME 4.2 NAME 6900 SOUTHPOINT DR. 4.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 4.4 DITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE

6.4 CITY-ST-ZIP 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 of 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

52 NAME

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6.2 NAME 6.3 STREET ADDRESS

DELETE

5 3 STREET ADDRESS

54 CITY-ST-ZIP

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

od or on an attachment with an address.

Change

Addition

Addition

Addition

Addition

Addition

☐ Addition

Applied For

Not Applicable