

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M77294** (0)

1. Corporation Name

FIRST COAST DESIGNS, INC.



Principal Place of Business

**7800 BAYBERRY ROAD
JACKSONVILLE FL 32256-3818**

Mailing Address

**7800 BAYBERRY ROAD
JACKSONVILLE FL 32256-3818**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FULLERTON, ROBERT C.
7800 BAYBERRY RD.
JACKSONVILLE FL 32256**

81 Name

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

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0507 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 of person or persons authorized to sign this report

Date of Signature (Month/Day/Year)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	☐ DELETE
NAME	FULLERTON, ROBERT C.	
STREET ADDRESS	7800 BAYBERRY ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	S	☐ DELETE
NAME	PATE, MARCIE	
STREET ADDRESS	7800 BAYBERRY ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	REIN, DAVID	
STREET ADDRESS	7800 BAYBERRY RD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	STUTZMAN, GARY	
STREET ADDRESS	7800 BAYBERRY RD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	P	☐ DELETE
NAME	BAILYS, DAVID	
STREET ADDRESS	7800 BAYBERRY RD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 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 or person 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:

GARY STUTZMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY STUTZMAN

Date

4/22/96

Telephone #

904-737-8500

CR2E034 (12/95)