FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 FEB -8 AM 9:41

DOCUMENT # N21835 (6)

1. Corporation Name

FIRST COAST BLACK BUSINESS INVESTMENT CORPORATIO
N

Principal Place of Business	Mailing Address
218 W. ADAMS ST. STE 504 JACKSONVILLE FL 32202	218 W. ADAMS ST. STE 504 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1987
3a. Date of Last Report: 06/30/1994
4. FEI Number: 59-2846145 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

NELSON, TONY D.
218 W. ADAMS ST
SUITE 504
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	~~WILLIAMS, STUART A.~~	1.2 NAME	Aikens, Chester A.
STREET ADDRESS	~~200 W FORSYTH 1ST FL~~	1.3 STREET ADDRESS	305 East Union Street
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	~~SEAMAN, SHERRY L.~~	2.2 NAME	Flynt, Robert D.
STREET ADDRESS	~~222 N 2ND STREET~~	2.3 STREET ADDRESS	50 North Laura Street, 17th Floor
CITY-ST-ZIP	~~JACKSONVILLE FL~~	2.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	~~AIKENS, CHESTER A., DDS~~	3.2 NAME	Danford, Richard
STREET ADDRESS	~~305 EAST UNION STREET~~	3.3 STREET ADDRESS	233 West Duval Street, 14th Floor
CITY-ST-ZIP	~~JACKSONVILLE FL~~	3.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	T	4.1 TITLE	TD ☒ Change ☐ Addition
NAME	~~WILKINSON, DAVID H.~~	4.2 NAME	Patterson, Henry
STREET ADDRESS	~~701 SAN MARCO BLVD~~	4.3 STREET ADDRESS	51 West Bay Street
CITY-ST-ZIP	~~JACKSONVILLE FL~~	4.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	S	5.1 TITLE	P ☐ Change ☐ Addition
NAME	~~FERGUSON, RONNIE A.~~	5.2 NAME	Nelson, Tony D.
STREET ADDRESS	~~220 EAST BAY ST 14TH FL~~	5.3 STREET ADDRESS	218 West Adams Street, Suite 504
CITY-ST-ZIP	~~JACKSONVILLE FL~~	5.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	~~NELSON, TONY P.~~	6.2 NAME	
STREET ADDRESS	~~261 WEST ADAMS ST #504~~	6.3 STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: _____ Tony D. Nelson, President 02/02/95 (904) 634-0543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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