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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:2

DOCUMENT # N93000001579 (2)

1. Corporation Name
FIRST COAST REGION MARC/MAFCA, INC.

Principal Place of Business
4938 GLADE HILL STREET
JACKSONVILLE FL 32207

Mailing Address
4938 GLADE HILL STREET
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

2. Principal Place of Business
21 1650 Mandarin Manor Rd.
22 Suite, Apt. #, etc.
23 City & State: Jacksonville, FL
24 Zip: 32223
25 Country: USA

2a. Mailing Address
26 1650 Mandarin Manor Rd.
27 Suite, Apt. #, etc.
28 City & State: Jacksonville, FL
29 Zip: 32223
30 Country: USA

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

9. Name and Address of Current Registered Agent
BROWN, CHRISTOPHER H
4938 GLADE HILL STREET
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name: STUART, CHARLES J., JR.
82 Street Address (P.O. Box Number Is Not Acceptable): 1650 MANDARIN MANOR RD.
83
84 City: JACKSONVILLE FL
85 Zip Code: 32223

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: Charles J. Stuart Jr. — 3/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, CHRISTOPHER
STREET ADDRESS	4938 GLADE HILL ST
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	D
NAME	MCCABE, BRIAN
STREET ADDRESS	1821 SAN MARCO PLACE
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	D
NAME	GRIMES, ROBERT
STREET ADDRESS	10274 BENT TREE LN
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	REVISKY, JOSEPH T.
STREET ADDRESS	2306 ACADIE DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	TROCCHIA, PETER
STREET ADDRESS	14409 MANDARIN RD
CITY-ST-ZIP	JACKSONVILLE FL 32233
TITLE	D
NAME	GOSA, DALE
STREET ADDRESS	4146 HABANA AVE
CITY-ST-ZIP	JACKSONVILLE FL 32217

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	STUART, CHARLES J., JR.	
1.3 STREET ADDRESS	1650 MANDARIN MANOR RD.	
1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	BURGHART, KARL	
2.3 STREET ADDRESS	471 SIGSBEE RD.	
2.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	WALLS, ALONZO	
3.3 STREET ADDRESS	1747 BARTLETT AVE.	
3.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	TRULL, TRIP	
4.3 STREET ADDRESS	5347 PINE AVE.	
4.4 CITY-ST-ZIP	ORANGE PARK, FL 32073	
5.1 TITLE		☒ Change ☐ Addition
5.2 NAME	DELETE TROCCHIA	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☒ Change ☐ Addition
6.2 NAME	DELETE GOSA	
6.3 STREET ADDRESS		
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 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, or on an attachment with an address.

SIGNATURE: Charles J. Stuart Jr. — 3/19/95 — (904) 268-4762
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0028194