

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB - 8 AM 9:41

DOCUMENT # N93000003051 (0)

1. Corporation Name

FIRST COAST BUSINESS INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

218 W ADAMS ST
SUITE 504
JACKSONVILLE FL 32202

218 W ADAMS ST
SUITE 504
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/07/1993** 3a. Date of Last Report **07/15/1994**

4. FEI Number **59-3195480** 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

2a. Mailing Address

21 Suite, Apt. #, etc.

2a Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LARSEN, PETER O
% MAHONEY ADAMS & CRISER, P.A.
3400 BARNETT CTR 50 N LAURA ST
JACKSONVILLE FL 32202**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **WILLIAMS, STUART A**
STREET ADDRESS **% 218 W ADAMS ST SUITE 504**
CITY - ST - ZIP **JACKSONVILLE FL 32202**

1.1 TITLE **D** Change Addition
1.2 NAME **Aikens, Chester A.**
1.3 STREET ADDRESS **% 218 W. Adams Street, Suite 504**
1.4 CITY - ST - ZIP **Jacksonville, FL 32202**

TITLE **D**
NAME **AIKENS, CHESTER A**
STREET ADDRESS **% 218 W ADAMS ST SUITE 504**
CITY - ST - ZIP **JACKSONVILLE FL 32202**

2.1 TITLE **D** Change Addition
2.2 NAME **Flynt, Robert D.**
2.3 STREET ADDRESS **% 218 W. Adams Street, Suite 504**
2.4 CITY - ST - ZIP **Jacksonville, FL 32202**

TITLE **SD**
NAME **FERGUSON, MAYOR R**
STREET ADDRESS **% 218 W ADAMS ST SUITE 504**
CITY - ST - ZIP **JACKSONVILLE FL 32202**

3.1 TITLE **SD** Change Addition
3.2 NAME **Danford, Richard**
3.3 STREET ADDRESS **% 218 W. Adams Street, Suite 504**
3.4 CITY - ST - ZIP **Jacksonville, FL 32202**

TITLE **TD**
NAME **WILKINSON, DAVID H**
STREET ADDRESS **% 218 W ADAMS ST SUITE 504**
CITY - ST - ZIP **JACKSONVILLE FL 32202**

4.1 TITLE **TD** Change Addition
4.2 NAME **Patterson, Henry**
4.3 STREET ADDRESS **% 218 W. Adams Street, Suite 504**
4.4 CITY - ST - ZIP **Jacksonville, FL 32202**

TITLE **P**
NAME **NELSON, TONY D.**
STREET ADDRESS **% 218 W ADAMS ST SUITE 504**
CITY - ST - ZIP **JACKSONVILLE FL**

5.1 TITLE **P** Change Addition
5.2 NAME **Nelson, Tony D.**
5.3 STREET ADDRESS **% 218 W. Adams Street, Suite 504**
5.4 CITY - ST - ZIP **Jacksonville, FL 32202**

TITLE **D**
NAME **DANFORD, RICHARD**
STREET ADDRESS **% 218 W ADAMS ST SUITE 504**
CITY - ST - ZIP **JACKSONVILLE FL**

6.1 TITLE Change Addition
6.2 NAME
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 110.07(3)(b), 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 trustee or 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Tony D. Nelson, President 02/02/95 (904) 634-0543

Date

Telephone #