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 MAY -1 AM 9:24

DOCUMENT # N94000002824 (0)

1. Corporation Name
FIRST COAST IPA, INC.

Principal Place of Business	Mailing Address
4110 SOUTHPOINT BLVD. SUITE 126 JACKSONVILLE FL 32216	4110 SOUTHPOINT BLVD. SUITE 126 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1994
3a. Date of Last Report:
4. FEI Number: 59-1429798 ☐ 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
21 111 Riverside Avenue	26 111 Riverside Avenue
Suite, Apt. #, etc. 22 Suite 120	Suite, Apt. #, etc. 27 Suite 120
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / County 24 32202 / 25 DUVAL	Zip / County 29 32202 / 30 DUVAL

9. Name and Address of Current Registered Agent

STEPHENS, C. WAYNE
4110 SOUTHPOINT BLVD.
SUITE 126
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Stephens, C. Wayne
82 Street Address (P.O. Box Number is Not Acceptable): 111 Riverside Avenue
83 Suite 120
84 City: Jacksonville FL 85 Zip Code: 32202

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	President D	11 TITLE	☐ Change ☐ Addition
NAME	Stephens, C Wayne	12 NAME	
STREET ADDRESS	111 Riverside Avenue, Suite 120	13 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	14 CITY-ST-ZIP	
TITLE	Vice President D	21 TITLE	☐ Change ☐ Addition
NAME	Burrell, Carol H.	22 NAME	
STREET ADDRESS	111 Riverside Avenue, Suite 120	23 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	24 CITY-ST-ZIP	
TITLE	Treasurer and Secretary D	31 TITLE	☐ Change ☐ Addition
NAME	FitzHarris, Mark	32 NAME	
STREET ADDRESS	111 Riverside Avenue, Suite 120	33 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: C. Wayne Stephens — April 13, 1995 — (904) 355-3303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001603