

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90002 009 ****61.25

DOCUMENT # N96000006413

1. Corporation Name

FIRST COAST SPORTS AWARDS, INC.

Principal Place of Business

9551 BAYMEADOWS ROAD #16
JACKSONVILLE FL 32256

Mailing Address

9551 BAYMEADOWS ROAD #16
JACKSONVILLE FL 32256



2. Principal Place of Business

21 1 SAN JOSE PLACE
Suite, Apt. #, etc.

22 # 35

City & State

23 JACKSONVILLE, FL

Zip Country

24 32257 25 DUVAL

2a. Mailing Address

26 1 SAN JOSE PLACE
Suite, Apt. #, etc.

27 # 35

City & State

28 JACKSONVILLE, FL

Zip Country

29 32257 30 DUVAL

3. Date Incorporated or Qualified

12/16/1996

4. FEI Number

59-3424105

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

9. Name and Address of Current Registered Agent

JACOBS, ANDREW T
9551 BAYMEADOWS ROAD #16
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

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

1 SAN JOSE PLACE

83 # 35

84 City

JACKSONVILLE

FL

85 Zip Code

32257

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JACOBS, ANDREW T
STREET ADDRESS 9551 BAYMEADOWS ROAD #16
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE

NAME SCHRAMM, BERNARD C JR
STREET ADDRESS 2615 SCOTT MILL DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE D ☐ DELETE

NAME DALTON, JAMES
STREET ADDRESS 916 DANTE PLACE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE

NAME TONNING, KEN
STREET ADDRESS 1050 EAST ADAMS STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ DELETE

NAME MELNYK, STEVE
STREET ADDRESS 111 RIVERSIDE AVENUE #330
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D ☐ DELETE

NAME JOHN FORRESTER
STREET ADDRESS 7800 BELFORT PKWY., SUITE 100
CITY-ST-ZIP JACKSONVILLE, FL 32256

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)