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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N98000000231 (6)**

1. Corporation Name

FIRST COAST OLYMPIANS, INC.

Principal Place of Business

Mailing Address

**2771-29 MONUMENT RD. #333
JACKSONVILLE FL 32224**

**2771-29 MONUMENT RD. #333
JACKSONVILLE FL 32224**

3. Date Incorporated or Qualified

12/30/1997

4. FEI Number

#59-3484731

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEASLER, FRANK R JR
4337 PABLO OAKS COURT, STE. 102
JACKSONVILLE FL 32224**

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BROOKS, WAYNE R**
CITY - ST - ZIP **8015 PEBBLE CREEK LANE EAST
PONTE VEDRA BEACH FL 32082**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **AUSTELL, DAVID L**
CITY - ST - ZIP **1301 RIVERPLACE BLVD.
JACKSONVILLE FL 32210**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ANTHONY, MALCOLM**
CITY - ST - ZIP **36 LOGGERHEAD LANE
PONTE VEDRA BEACH FL 32082**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WILLIAMS, NANCY A**
CITY - ST - ZIP **224 HERALD ST.
ST. AUGUSTINE FL 32084**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SCHANTZ, JETTA D**
CITY - ST - ZIP **P.O. BOX 51591
JACKSONVILLE FL 32240-1591**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **302 THIRD STREET**
5.3 STREET ADDRESS **SUITE B**
5.4 CITY - ST - ZIP **NEPTUNE BEACH, FL 32266**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GILLESPIE, GUNILLA C**
CITY - ST - ZIP **1093 A1A BEACH BLVD.
ST. AUGUSTINE FL 32084**

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.

SIGNATURE

G. Gillespie **GUNILLA C. GILLESPIE - President** **4/20/98**

CR2E037 (10/97)