

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 20 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000001677 (3)**

1. Corporation Name  
**FIRST COAST CREDIT, INC.**

Principal Place of Business <b>3811 BLANDING BLVD JACKSONVILLE FL 32210 US</b>	Mailing Address <b>3811 BLANDING BLVD JACKSONVILLE FL 32210 US</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>11/03/1992</b>	3a. Date of Last Report <b>04/27/1994</b>
4. FBI Number <b>59-3150885</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1550 CASSAT AVENUE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P O BOX 14000</b> Suite, Apt. #, etc.
22 City & State <b>JACKSONVILLE, FLORIDA</b>	27 City & State <b>JACKSONVILLE, FLORIDA</b>
24 Zip <b>32210</b>	25 Country
29 Zip <b>32238</b>	30 Country

9. Name and Address of Current Registered Agent

**NIMNIGHT, B.N., JR.  
1550 CASSAT AVENUE  
JACKSONVILLE FL 32210**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 after reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>STD</b>
NAME	<b>NIMNIGHT, E.</b>
STREET ADDRESS	<b>1550 CASSAT AVENUE</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>PD</b>
NAME	<b>NIMNIGHT, B.</b>
STREET ADDRESS	<b>1550 CASSAT AVENUE</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VD</b>
NAME	<b>MALLY, M.</b>
STREET ADDRESS	<b>3811 BLANDING BLVD</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>OFFICER DELETED</b>
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>D</b>
43 STREET ADDRESS	<b>NIMNIGHT, L.</b>
44 CITY, ST, ZIP	<b>1550 CASSAT AVENUE JACKSONVILLE, FL 32210</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *B.N. Nimnicht, Jr.* **B.N. NIMNIGHT, JR PRESIDENT** **JANUARY 13, 1995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 387-4041