FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAR 27 AM 10:33

DOCUMENT # **P92000008985 (3)**

1. Corporation Name
FIRST COAST INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1823 LANDWOOD ST JACKSONVILLE FL 32211	1823 LANDWOOD ST JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3155651	☐ 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
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOSEPH, JOE L
1823 LANDWOOD ST
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

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 _____ DATE
Signature required or printed name of registered agent and the date if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	YAZGI, TOM	12 NAME	
STREET ADDRESS	6920 LA LOMA DR	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FARHAT, SAID	22 NAME	
STREET ADDRESS	1309 JOURNEYS END LN	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JOSEPH, JOE L	32 NAME	
STREET ADDRESS	1823 LANDWOOD ST	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	YAZGI, MONIR	42 NAME	
STREET ADDRESS	7633 HOLIDAY RD S	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JOSEPH, LOUIS JR.	52 NAME	
STREET ADDRESS	3982 CHESTWOOD AVE	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by this filing with my address.

SIGNATURE: Joe Louis Joseph 3/21/95 904-353-1573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017600 CP