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CORPORATION ANNUAL REPORT **1995**

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

AMENDED ANNUAL REPORT
FILED
95 FEB -2 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000016677

1. Corporation Name
Intercoast Financial Inc

Principal Place of Business
1111 SW 17 Street
Ocala, FL 34474

Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: March 5th 1993	3a. Date of Last Report: Jan, 1995
4. FEI Number: 65-0390797	☐ 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 21: 1111 SW 17 Street	2a. Mailing Address 26:
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Ocala Florida	City & State 28:
Zip 24: 34474 Country 25: USA	Zip 29: Country 30:

9. Name and Address of Current Registered Agent
John N. McFarlane
894 NW 58th Ct.
Ocala FL 34482

10. Name and Address of New Registered Agent
81 Name: James K. Isenhour
82 Street Address (P.O. Box Number is Not Acceptable): 1111 SW 17 Street
83:
84 City: Ocala FL 85 Zip Code: 34474

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: James K. Isenhour, Director/CFO — 1/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Taylar L. Isenhour D/Pres/Sec; 1111 SW 17 Street; Ocala FL 34474	1.1 TITLE D/Pres; 1.2 NAME Taylar Isenhour; 1.3 STREET ADDRESS 1111 SW 17 St.; 1.4 CITY-ST-ZIP Ocala FL 34474 ☑ Change ☐ Addition
	2.1 TITLE Director/Chief Financial Officer/Treasurer; 2.2 NAME James K. Isenhour; 2.3 STREET ADDRESS 1111 SW 17 St.; 2.4 CITY-ST-ZIP Ocala FL 34474 ☑ Change ☐ Addition
	3.1 TITLE; 3.2 NAME; 3.3 STREET ADDRESS; 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
John N. McFarlane (Died); 894 NW 58th Ct.; Ocala, Florida 34482	4.1 TITLE; 4.2 NAME; 4.3 STREET ADDRESS; 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
	5.1 TITLE; 5.2 NAME; 5.3 STREET ADDRESS; 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
	6.1 TITLE; 6.2 NAME; 6.3 STREET ADDRESS; 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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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 on an attachment with an address.

SIGNATURE: 1/27/95 904-620-8905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #