

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000021893 (1)

1. Corporation Name
FIRST COAST CONTRACTORS, INC.



Principal Place of Business 3035 POWERS AVENUE SUITE 3 JACKSONVILLE FL 32207	Mailing Address FIRST COAST CONTRACTORS INC P O BOX 5732 JACKSONVILLE FL 32247-8033 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt #, etc	26. 3035 POWERS AVE	03/23/1993	11/09/1995
22. City & State	27. Suite, Apt #, etc	4. FEI Number	Applied For
23. Zip	28. STE 3	59-3168683	Not Applicable
24. Country	29. JACKSONVILLE FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Zip	30. US	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
26. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HUDSON, CALVIN H 3035 POWERS AVENUE STE 3 JACKSONVILLE FL 32207		B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	DIRECTOR
STREET ADDRESS		1.3 STREET ADDRESS	HUDSON CALVIN H
CITY-ST-ZIP		1.4 CITY-ST-ZIP	3035 POWERS AVE STE 3 JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	PRESIDENT
STREET ADDRESS		2.3 STREET ADDRESS	ALAN G. COOPER
CITY-ST-ZIP		2.4 CITY-ST-ZIP	3035 POWERS AVE STE 3 JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SECRETARY
STREET ADDRESS		3.3 STREET ADDRESS	JACQUELYN V. TERRY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	3035 POWERS AVE STE 3 JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 this report as required by Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Alan G. Cooper **ALAN G. COOPER** 6/20/96 904-636-7972
(Type and Print Name)

CR2E034 (3/96)