

**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.)**

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

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



Principal Place of Business <b>3035 POWERS AVENUE</b> <b>SUITE 3</b> <b>JACKSONVILLE FL 32207</b>	Mailing Address <b>FIRST COAST CONTRACTORS INC</b> <b>P O BOX 5732</b> <b>JACKSONVILLE FL 32247-8033</b> <b>US</b>
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2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>03/23/1993</b>	3a. Date of Last Report <b>11/09/1995</b>
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4. FEI Number <b>59-3168683</b>	Applied For 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 s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

81 Name <b>HUDSON, CALVIN H</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3035 POWERS AVENUE</b>
83 City <b>JACKSONVILLE FL 32207</b>
84 City <b>FL</b>
85 Zip Code <b>32207</b>

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>HUDSON CALVIN H</b>	
STREET ADDRESS	<b>3035 POWERS AVE STE 3</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>HUDSON CALVIN H</b>	
13 STREET ADDRESS	<b>3035 POWERS AVE STE 3</b>	
14 CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
21 TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>ALAN G. COOPER</b>	
23 STREET ADDRESS	<b>3035 POWERS AVE STE 3</b>	
24 CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
31 TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>JACQUELYN V. TERRY</b>	
33 STREET ADDRESS	<b>3035 POWERS AVE STE 3</b>	
34 CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
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 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, changed, or on an attachment with an address.

SIGNATURE: Alan G. Cooper **ALAN G. COOPER** 6/20/96 904-636-7972  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)