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

DOCUMENT # P93000037356 (1)

1. Corporation Name
FIRST COAST BLIMPIE, INC.

Principal Place of Business	Mailing Address
9140 GOLFSIDE DRIVE SUITE 4 NORTH JACKSONVILLE FL 32256 US	9140 GOLFSIDE DRIVE SUITE 4 NORTH JACKSONVILLE FL 32256 US

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 10/13/1995
4. FEI Number: 59-3185332 ☐ 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
21 717 DEWBERRY DR.	26 717 DEWBERRY DR.
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip 24 32259 Country 25 USA	Zip 29 32259 Country 30 USA

9. Name and Address of Current Registered Agent
KRAUSE, DAVID F
9140 GOLFSIDE DRIVE
4-NORTH
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
81 Name: DAVID KRAUSE
82 Street Address (P.O. Box Number is Not Acceptable): 717 DEWBERRY DRIVE
83
84 City: JACKSONVILLE FL 85 Zip Code: 32259

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 [signature] 7/20/96
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	P	☐ DELETE	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	KRAUSE, DAVID G		1.2 NAME	KRAUSE, DAVID G.
STREET ADDRESS	308 PHEASANT RUN		1.3 STREET ADDRESS	717 DEWBERRY DR.
CITY-ST-ZIP	PONTE VEDRA FL 32082		1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KRAUSE, WIALLIAM G		2.2 NAME	
STREET ADDRESS	2865 64 STREET SW		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33999		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7/20/96 904-287-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)