

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000006906 (9)

1. Corporation Name

EAST COAST FINISHES, INC.



Principal Place of Business

**1435 KETTLEDUM TRAIL
ENTERPRISE FL 32725**

Mailing Address

**1435 KETTLEDUM TRAIL
ENTERPRISE FL 32725**

3. Date Incorporated or Qualified
01/19/1994

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **PO BOX 23798**

Suite, Apt. #, etc.

27

City & State

28 **HILTON HEAD SC**

Zip

29 **29925-3798**

Country

30

4. FEI Number

59-3220150

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

9. Name and Address of Current Registered Agent

**HALKER, JEFFREY A
1435 KETTLEDUM TRAIL
ENTERPRISE FL 32725**

10. Name and Address of New Registered Agent

81 Name

MARY REYNOLDS, EA

82 Street Address (P.O. Box Number is Not Acceptable)

879 N VOLUSIA AVE. STE B.

83

84 City

ORANGE CITY

FL

85 Zip Code

32763

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 *Mary Reynolds, EA* *Mary Reynolds*

(NOTE: Registered Agent signature required when reinstating)

3/6/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **HALKER, JEFFREY A.**
STREET ADDRESS **1435 KETTLEDUM TRAIL**
CITY-ST-ZIP **ENTERPRISE FL**

TITLE **VP** ☐ DELETE

NAME **HALKER, JON D.**
STREET ADDRESS **4325 PINWOOD CIRCLE E.**
CITY-ST-ZIP **BEAUFORT SC**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**25 CALICO COURT
BURTON, SC 29903**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeffrey A Halker* *Jeff Halker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

422 96

Date

603-681-9689

Daytime Phone #

CR2E034 (12/95)