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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000013453 (3)**

1. Corporation Name
FIRST COAST INSURANCE GROUP, INC.

Principal Place of Business	Mailing Address
9432 BAYMEADOWS RD SUITE 120 JACKSONVILLE FL 32256 US	9432 BAYMEADOWS RD SUITE 120 JACKSONVILLE FL 32256 US

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business	2a. Mailing Address
21 3037 CYPRESS CREEK DRE	26 3037 CYPRESS CREEK DR. E.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PONTE VEDRA BEACH, FL	28 City & State: PONTE VEDRA BEACH, FL
24 Zip: 32082 25 Country: USA	29 Zip: 32082 30 Country: USA

4. FEI Number: 59-3226809 ☐ 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

LIMON, HILDEBRANDO A
9432 BAYMEADOWS RD
SUITE 120
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: LIMON HILDEBRANDO A.
82 Street Address (P.O. Box Number is Not Acceptable): 3037 CYPRESS CREEK DRIVE E.
83
84 City: PONTE VEDRA BEACH FL 85 Zip Code: 32082

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: 5/20/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD LIMON, HILDEBRANDO A 3037 CYPRESS CREEK DR E PONTE VEDRA BEACH FL 32082 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT LIMON, HILDEBRANDO A. 3037 CYPRESS CREEK DRIVE E. PONTE VEDRA BEACH FL 32082 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 added on an attachment with an address.

SIGNATURE: _____ HILDEBRANDO A. LIMON, PRES. May 20, 1996 (904) 273-8625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #