

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000021624 (9)**

1. Corporation Name
FIRST COAST COATINGS, INC.



Principal Place of Business 123-4TH AVE., SOUTH JACKSONVILLE FL 32250	Mailing Address P.O. BOX 50970 JACKSONVILLE FL 32240 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1448 OCEAN POND DR Suite, Apt. #, etc.		2a. Mailing Address 26 1848 OCEAN POND DR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/21/1994	3a. Date of Last Report 06/28/1996
22 City & State 23 JACKSONVILLE BEACH FL		27 City & State 28 JACKSONVILLE BEACH FL		4. FEI Number 59-3231772 3467535	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24 Zip 32250		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 32250		27 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent PATTERSON, LAWRENCE R 3010 S. 3RD ST. SUITE A JACKSONVILLE BEACH FL 32250				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	S,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EICKMEIER, HAROLD K			1.2 NAME	ERICA K. ROBBINS		
STREET ADDRESS	123-4TH AVE., SOUTH			1.3 STREET ADDRESS	1848 OCEAN POND DRIVE		
CITY-ST-ZIP	JACKSONVILLE FL 32250			1.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	DAVID TENETKE		
STREET ADDRESS				2.3 STREET ADDRESS	1848 OCEAN POND DRIVE		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 **ERICA K. ROBBINS** **ERICA K. ROBBINS 59-11-97 19011249-0130**

CR2E034 (4/97)