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 # **P94000021939 (1)**

1. Corporation Name
VCP-COQUINA CROSSING, INC.

Principal Place of Business
3030 HARTLEY RD.
SUITE 100
JACKSONVILLE FL 32257

Mailing Address
3030 HARTLEY RD.
SUITE 100
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified: 03/22/1994
3a. Date of Last Report: 03/07/1995

4. FEI Number: 59-3233602 — 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
FARRELL, MARK T
3030 HARTLEY RD.
SUITE 100
JACKSONVILLE FL 32257

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 607.0117 and 607.0505, 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 I accept the obligations of, Sections 607.0505, Florida Statutes.

SIGNATURE: _____ TYPED OR PRINTED NAME OF PERSON MAKING THE CHANGE _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	ROOD, JOHN D	3030 HARTLEY RD., SUITE 100	JACKSONVILLE FL	☐
VST	FARRELL, MARK T	3030 HARTLEY ROAD, SUITE 100	JACKSONVILLE FL	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1					☐	☐
2					☐	☐
3					☐	☐
4					☐	☐
5					☐	☐
6					☐	☐

14. I do hereby certify that the information supplied herein, if for profit corporation, has been furnished and does not qualify for the exemptions stated in Section 119.07(3)(o), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 in the proper capacity for filing this report.

SIGNATURE: _____ 4/12/96 904-260-3030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

MARK T. FARRELL 4-12-96 904-260-3030

CR2E034 (12/95)