

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 # P94000048319 (5)

1. Corporation Name

COA CONSULTING, INC.



Principal Place of Business

855 9TH AVENUE SOUTH  
JACKSONVILLE BEACH FL 32250

Mailing Address

855 9TH AVENUE SOUTH  
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

21 14060 Pine Island Dr

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL

Zip

24 32224

Country

2a. Mailing Address

26 14060 Pine Island Dr

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

29 32224

Country

30

3. Date Incorporated or Qualified

06/21/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3250364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

HARRINGTON, MARK  
855 9TH AVENUE SOUTH  
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

MARK W. HARRINGTON

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

83

14060 Pine Island Dr

84 City

JACKSONVILLE

FL

85 Zip Code

32224

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
HARRINGTON, MARK  
855 9TH AVENUE SOUTH  
JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME HARRINGTON, MARK

1.3 STREET ADDRESS 14060 Pine Island Dr

1.4 CITY-ST-ZIP JACKSONVILLE FL 32224

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/96

904-223-9895

CR2E034 (12/95)