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**PROFIT** CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000057056 (1)

Corporation Name			 _	 	_	
FIRST SOAST BET S	HADIV	11.0				

FIRST	COAST PET SUPPLY, INC.	·					ir <b>10</b> 111 <b>21</b> 111 <b>2</b> 1		
Principa Piace	of Business	Mailing Address	-			- 100/00/114 18/7 0/08 00/11 88/			
4549-22 ST. AUGUSTINE RD.  JACKSONVILLE FL 32207  4549-22 ST. AUGUSTINE RD.  JACKSONVILLE FL 32207  JACKSONVILLE FL 32207									
						3. Date incorporated or Qualified 08/01/1994	3a. Date	of Last R 3/01/19	
2. Principal Pla	ace of Business	2a. Mailing Address				4, FEI Number		<b>→</b>	Applied For
21] Suite, Apl. #		Suite, Apl. #, etc.				59-3257958			Not Applicable  Additional
22		27				Certificate of Status Desired			Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			May Be
Ζ(μ)	Country 25	Zip 29	Cour	ntry		8. This corporation has liability for	intangible ta		
	9. Name and Address of Current	·	130			10. Name and Address of New F		gent	
	= · · · · · · · · · · · · · · · · · · ·			81	Name				
	on, James e		ŀ	82	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
	ST. AUGUSTINE RD.					· · · · · · · · · · · · · · · · · · ·			
JACKSC	ONVILLE FL 32207			83					
				84	City		FL	85 Zij	p Code
faniliar wit SIGNATURE :	ed agent, or both, in the State of Florid, in, and accept the obligations of, Section Signature typed or printed manuschingslend agent a OFFICERS AND	on 607.0505, Florida Statute	JS.		signature required		DATE		
TITLE	DP	☐ DELETE	1. 1 Til	[LE				Change	☐ Addition
NAM:	DAVIDSON, JAMES E		1.2 NA	ME	•				
SUREFILATIONESS	4549-22 ST. AUGUSTINE RD. JACKSONVILLE FL 32207				DORESS				
CITY ST ZIF	DST	☐ DELETE	1.4 CIT 2 1 TIT	Y-\$1-	- ZIP		- r	Change	☐ Addition
NAME	DAVIDSON, RONDA N	[ Steel II	2 2 NA				L	J Change	☐ vacitori
STREET ADDRESS	4549-22 ST. AUGUSTINE RD.				DORESS				
COLY ST ZIP	JACKSONVILLE FL 32207		2 4 CIT	TY - ST -	- ZIP				
TIT: F		☐ DELETE	3 1 717	TLE				] Change	☐ Addition
NAME			3 2 NA		ŀ				
STREET ACCRESS					ADDRESS				
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STREET ADDRESS					DORESS				
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TEFEF		☐ DELETE	5 1 Til	TLE				] Change	☐ Addition
NAME			5 2 NA						
STREET ADDRESS					DORESS				
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NAME			6.2 NA				L	1 cuqube	☐ Madedoll
STREET ADDRESS					DDRESS				
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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 ooth, that I am an officer or director of the corporation or the receiver or trustee enipowered 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:** 

2-27-96 904-733-6400