**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000080516 (5)**

1. Corporation Name
**FIRST COAST DEVELOPMENT GROUP, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2320 S THIRD ST<br>SUITE 16<br>JACKSONVILLE FL 32250 | 2320 S THIRD ST<br>SUITE 16<br>JACKSONVILLE FL 32250 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report: n/a

2. Principal Place of Business
21 4 Sawgrass Village Dr.
Suite, Apt. #, etc.
22 Suite 220C
City & State
23 Ponte Vedra Beach, FL
Zip 24 32082 Country 25 USA

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

4. FEI Number: 59-3276752 ☐ 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

F&L CORP
200 LAURA ST
JACKSONVILLE FL 32202-3510

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 _____ DATE
Signature, type(s) 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 | D | 1.1 TITLE | Dir/Vice Pres/Treasurer | ☒ Change ☐ Addition |
| NAME | WALCH, PETER A | 1.2 NAME | | |
| STREET ADDRESS | STEINENTORSTRASSE 8 CH 4051 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BASEL SWITZERLAND | 1.4 CITY-ST-ZIP | | |
| TITLE | D | 2.1 TITLE | Dir/Vice Pres/Secretary | ☒ Change ☐ Addition |
| NAME | DAUSEND, THOMAS | 2.2 NAME | | |
| STREET ADDRESS | WALDKOENIGENER STARBE 31 D 54550 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DAUN GERMANY | 2.4 CITY-ST-ZIP | | |
| TITLE | | 3.1 TITLE | President/Director | ☐ Change ☒ Addition |
| NAME | | 3.2 NAME | Bryan J. Lendry | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 4 Sawgrass Village Drive, 220C | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Ponte Vedra Beach, FL 32082 | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ 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 is voluntarily furnished and 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 added on an attachment with an address.

**SIGNATURE:** Bryan J. Lendry, Pres. 4/1/95 (904)285-8986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000008 CP