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Mar 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000093560 (8)

1. Corporation Name  
FIRST COAST CONSTRUCTION, INC.



Principal Place of Business  
11247 SAN JOSE BLVD  
APT 1809  
JACKSONVILLE FL 32223-7935  
US

Mailing Address  
11247 SAN JOSE BLVD  
APT 1809  
JACKSONVILLE FL 32223-7935  
US

3. Date Incorporated or Qualified: 12/28/1994  
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business  
21. 52 FOX VALLEY DR.  
State, Apt. #, etc.

2a. Mailing Address  
26. 52 FOX VALLEY DR.  
State, Apt. #, etc.

4. FEI Number: 59-3288556  
Applied For: Not Applicable

22. City & State  
23. ORANGE PARK, FLORIDA

27. City & State  
28. ORANGE PARK, FLORIDA

5. Certificate of Status Desired:   
\$8.75 Additional Fee Required

24. 32073  
25. ~~FL~~ US

29. 32073  
30. ~~FL~~ U.S.

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

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVID A AKERS  
11247 SAN JOSE BLVD  
UNIT 1809  
JACKSONVILLE FL 32223

81 Name: DAVID A. AKERS  
82 Street Address (P.O. Box Number is Not Acceptable): 52 FOX VALLEY DRIVE  
83  
84 City: ORANGE PARK, FL 85 Zip Code: 32073

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	
TITLE	PSTD
NAME	AKERS, DAVID A
STREET ADDRESS	11247 SAN JOSE BLVD, APT 1809
CITY-STATE-ZIP	JACKSONVILLE FL
TITLE	V
NAME	JUD, ERIC J
STREET ADDRESS	10263 WHISPERING FOREST DR APT 810
CITY-STATE-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AKERS, DAVID A
1.3 STREET ADDRESS	52 FOX VALLEY DRIVE
1.4 CITY-STATE-ZIP	ORANGE PARK, FLORIDA 32073
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JUD, ERIC J
2.3 STREET ADDRESS	8366 CHIMNEY OAKS DRIVE
2.4 CITY-STATE-ZIP	JACKSONVILLE, FLORIDA 32244
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(j), 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: David A. Akers DAVID A. AKERS - 3-797-278-5212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone: 904 \_\_\_\_\_

CR2E034 (9/96)