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**Apr 14 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 # P95000015928 (1)

1. Corporation Name
FIRST COAST ON-LINE, INC.



Principal Place of Business Mailing Address
ONE INDEPENDENT DR. SUITE 2405 JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified **02/27/1995** 3a. Date of Last Report **04/18/1996**

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip Country	24. Zip Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip Country	29. Zip Country	30. Country	4. FEI Number APPLIED FOR 59-3311019	Applied For Not Applicable
										5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
										6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
										8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BISHOP, PETER S
159 PALM VALLEY WOODS DRIVE
PONTE VEDRA FL 32082**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, PETER S	1.2 NAME	
STREET ADDRESS	159 PALM VALLEY WOODS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL 32082	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CHRISTOPHER BISHOP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMKINS, ELEANOR M	2.2 NAME	116 FIFTH AVE
STREET ADDRESS	159 PALM VALLEY WOODS DRIVE	2.3 STREET ADDRESS	MILPORT, CN 06460
CITY-ST-ZIP	PONTE VEDRA FL 32082	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SCHUYLER BISHOP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, J. SCHUYLER	3.2 NAME	222 MONTGOMERY ST.
STREET ADDRESS	159 PALM VALLEY WOODS DRIVE	3.3 STREET ADDRESS	NEWBERGH, NY.
CITY-ST-ZIP	PONTE VEDRA FL 32082	3.4 CITY-ST-ZIP	12550
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE: *Peter S Bishop President* Date: **4/7/97** Daytime Phone: **904 633-9777**

CR2E034 (9/96)