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 # **P95000021441 (7)**

1. Corporation Name
SOUTHCOAST PCS CORPORATION

Principal Place of Business	Mailing Address
1010 E. ADAMS ST. JACKSONVILLE FL 32202	P.O. BOX 4069 JACKSONVILLE FL 32201

3. Date Incorporated or Qualified: **03/16/1995** | 3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): **1600 Independent Square**; City & State (23): ; Zip (24): ; Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): **1600 Independent Square**; City & State (28): ; Zip (29): ; Country (30):

4. FEI Number: **59-3302440** ☐ 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

KREIS, ROBERT R
~~1010 E. ADAMS ST.~~
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **1600 Independent Square**
83:
84 City: **JACKSONVILLE** 85 Zip Code: **32207**

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***200.00

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☒ Addition PD W.R. Lovett, II 1600 Independent Square Jacksonville, FL 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP	☐ Change ☒ Addition VT L.D. Williams 1600 Independent Square Jacksonville, Fl 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP	☐ Change ☒ Addition VS R.R. 1600 Independent Square Jacksonville, Fl 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP	☐ Change ☒ Addition D K.L.LOEB 1600 Independent Square Jacksonville, Fl. 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	☐ Change ☒ Addition D P.H. Lovett 1600 Independent Square Jacksonville, Fl. 32202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP	☐ Change ☒ Addition D L. D. Lovett 1600 Independent Square Jacksonville, Fl 32202

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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)(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 on an attachment with an address.

SIGNATURE: R.L. Williams, Vice Pres/Treasurer 4-17-96 (904)634-8515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone