

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000049632 (9)

1. Corporation Name

FIRST COAST MORTGAGE CONSULTANTS, INC.



Principal Place of Business

3773 CREEK HOLLOW LANE
MIDDLEBURG FL 32068

Mailing Address

3773 CREEK HOLLOW LANE
MIDDLEBURG FL 32068

2. Principal Place of Business

2a. Mailing Address

21 2301 Park Avenue

26 Suite, Apt. #, etc.

22 Suite 400

27 Suite, Apt. #, etc.

23 Orange Park FL

28 City & State

24 32073 25 USA

29 Zip 30 Country

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

4. FET Number

59-3321313

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

10. Name and Address of New Registered Agent

WIGGINS, JOSEPH
3773 CREEK HOLLOW LANE
MIDDLEBURG FL 32068

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

Signature, typed or printed name of registered agent or director, if applicable

Signature, typed or printed name of registered agent or director, if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME WIGGINS, CHRISTINE
STREET ADDRESS 3773 CREEK HOLLOW LANE
CITY-STATE-ZIP MIDDLEBURG FL 32068

2.1 TITLE Vice President
2.2 NAME Hazel Annette Scott
2.3 STREET ADDRESS 10519 Tanglewilde Dr. W.
2.4 CITY-STATE-ZIP Jacksonville FL 32257

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME WIGGINS, JOSEPH
STREET ADDRESS 3773 CREEK HOLLOW LANE
CITY-STATE-ZIP MIDDLEBURG FL 32068

TITLE ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

2.5 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

2.6 CITY-STATE-ZIP ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

2.7 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

2.8 CITY-STATE-ZIP ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

2.9 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

2.10 CITY-STATE-ZIP ☐ Change ☐ Addition

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 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:

Joseph B. Wiggins

Joseph B. Wiggins

1/17/96 (904) 269-7101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (12/95)