

**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 # P95000053118 (2)**

1. Corporation Name

**EASTCOAST INVESTIGATIONS, INC.**



Principal Place of Business

**4567 LISA DRIVE  
JACKSONVILLE FL 32217**

Mailing Address

**4567 LISA DRIVE  
JACKSONVILLE FL 32217**

3. Date Incorporated or Qualified

**07/03/1995**

3a. Date of Last Report

2. Principal Place of Business

**21 One San Jose Place**

Suite, Apt. #, etc.

**22 Suite 14 A**

City & State

**23 Jacksonville FL**

Zip

**24 32257**

Country

**25 U.S.**

2a. Mailing Address

**26 P.O. Box 57293**

Suite, Apt. #, etc.

**27**

City & State

**28 Jacksonville FL**

Zip

**29 32241-7293**

Country

**30 US**

4. FEI Number

**59-3357494**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**SIZEMORE, TAMMY L  
4567 LISA DRIVE  
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81 Name

**Sizemore, Tammy L**

82 Street Address (P.O. Box Number is Not Acceptable)

**One San Jose Place**

83

**Suite 14 A**

84 City

**Jacksonville**

**FL**

85 Zip Code

**32257**

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: **Tammy L. Sizemore, Tammy L. Sizemore**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-29-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SIZEMORE, TAMMY L</b>	
STREET ADDRESS	<b>4567 LISA DRIVE</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32217</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROGERS, LINDA</b>	
STREET ADDRESS	<b>12520 ATTRILL ROAD</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32256</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MURASKI, CYNTHIA L</b>	
STREET ADDRESS	<b>12228 MASTIN COVE ROAD</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LITTLE, SUASN B</b>	
STREET ADDRESS	<b>1380 LEE ROAD</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32259</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: **Tammy L. Sizemore, Tammy L. Sizemore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

Date

**904/954-7173**

Daytime Phone #

CR2E034 (12/95)