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 # **P95000053691 (8)**

1. Corporation Name

PALM COAST ASSOCIATES, INC.

Principal Place of Business	Mailing Address
251 MAITLAND AVE., SUITE 112 ALTAMONTE SPRINGS FL 32701	251 MAITLAND AVE., SUITE 112 ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified: 07/12/1995

3a. Date of Last Report:

2. Principal Place of Business
21: 7620 #4 GREENBORO DR.
22 Suite, Apt. #, etc.: WEST MELBOURNE, FL
23 City & State: 32904 BREVARD
24 Zip:
25 Country:

2a. Mailing Address
26: 7620 #4 GREENBORO DRIVE
27 Suite, Apt. #, etc.: WEST MELBOURNE FL
28 City & State: 32904 BREVARD
29 Zip:
30 Country:

4. FEI Number: 59-3328333 ☐ 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

ASHCRAFT, JIM
251 MAITLAND AVE., SUITE 112
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: JAMES M. ASHCRAFT
82 Street Address (P.O. Box Number is Not Acceptable): 7620 #4 GREENBORO, DRIVE
83 WEST MELBOURNE
84 City: FL 85 Zip Code: 32904

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: JAMES M. ASHCRAFT — James M. Ashcraft 4/29/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ASHCRAFT, JIM		1.2 NAME	
STREET ADDRESS	251 MAITLAND AVE., SUITE 112		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	300001828153
STREET ADDRESS			4.3 STREET ADDRESS	-05/20/96--01018--024
CITY-ST-ZIP			4.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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: James M. Ashcraft — 4/2/96 — 407-953-0243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #