

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90090 048 ***150.00

DOCUMENT # P95000060828

1. Corporation Name

FIRST COAST RESOURCES, INC.

Principal Place of Business

1870 N SHERRY DR
ATLANTIC BEACH FL 32233

Mailing Address

1870 N SHERRY DR
ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1995

4. FEI Number
59-3333193

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3966 Palm Valley Rd

Suite, Apt. #, etc.

22 City & State

23 Ponte Vedra FL

Zip

24 32082 25 USA

2a. Mailing Address

26 3966 Palm Valley Rd

Suite, Apt. #, etc.

27 City & State

28 Ponte Vedra FL

Zip

29 32082 30 USA

9. Name and Address of Current Registered Agent

COLD, KATHLEEN H
ONE INDEPENDENT DR
SUITE 2301
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MURPHY, DENNIS E
STREET ADDRESS 1870 N SHERRY DR
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE D ☐ DELETE
NAME O'MAHONEY, PORTIA C
STREET ADDRESS 1870 N SHERRY DR
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director/President ☒ Change ☐ Addition
1.2 NAME Dennis E. Murphy
1.3 STREET ADDRESS 3966 Palm Valley Rd
1.4 CITY-ST-ZIP Ponte Vedra FL 32082

2.1 TITLE D/VP ☒ Change ☐ Addition
2.2 NAME Portia O. Murphy
2.3 STREET ADDRESS 3966 Palm Valley Rd
2.4 CITY-ST-ZIP Ponte Vedra FL 32082

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Portia O. Murphy 4-2-99 904 5430172

Date

Daytime Phone #

0040317

CR2E034 (11/98)