

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000093216 (6)

1. Corporation Name
FIRST COAST FINISHES, INC.

Principal Place of Business
1844 NO. PEARL STREET
JACKSONVILLE FL 32206

Mailing Address
1844 NO. PEARL STREET
JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1996

4. FEI Number
59-3353543

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business 21 978 W. Roberts Rd. Suite, Apt. #, etc.	2a. Mailing Address 26 978 W. Roberts Rd. Suite, Apt. #, etc.
22 City & State 23 Cant., FL	27 City & State 28 Cant., FL
24 Zip 32533	25 Country USA
29 Zip 32533	30 Country USA

9. Name and Address of Current Registered Agent

MILLER, MELISSA K
1844 NO. PEARL STREET
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent

81 Name Miller, Melissa K.
82 Street Address (P.O. Box Number is Not Acceptable) 978 W. Roberts Rd.
83
84 City Cant.
85 Zip Code FL 32533

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 *Melissa K. Miller* *Melissa K. Miller*

DATE 3-4-98

Signature typed or printed name of registrant 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 P	<input type="checkbox"/> DELETE	1.1 TITLE President, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, MELISSA K		1.2 NAME Melissa K. Miller	
STREET ADDRESS 1844 N PEARL ST		1.3 STREET ADDRESS 978 W. Roberts Rd.	
CITY-ST-ZIP JAX FL		1.4 CITY-ST-ZIP Cant., FL 32533	
TITLE S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NEARY, LISA R		2.2 NAME James L. Pyle, Jr	
STREET ADDRESS 1844 N PEARL ST		2.3 STREET ADDRESS 978 W. Roberts Rd.	
CITY-ST-ZIP JAX FL		2.4 CITY-ST-ZIP Cant., FL 32533	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE: *Melissa K. Miller* *Melissa K. Miller* 3-4-98 (850) 968-2015

CR2E034 (10/97)