

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
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90001 015 ***550.00

DOCUMENT # P95000093216

1. Corporation Name
FIRST COAST FINISHES, INC.



Principal Place of Business
978 W ROBERTS RD
CANT FL 32533
US

Mailing Address
978 W ROBERTS RD
CANT FL 32533
US

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

2. Principal Place of Business

21 3821 O'Farrell Rd.

2a. Mailing Address

26 3821 O'Farrell Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Century, FL

24 32535 25 USA

27 City & State

28 Century, FL

29 32535 30 USA

9. Name and Address of Current Registered Agent

MILLER, MELISSA K
978 W ROBERTS RD
CANT FL 32533

10. Name and Address of New Registered Agent

81 Name Melissa K. Miller

82 Street Address (P.O. Box Number is Not Acceptable)
3821 O'Farrell Rd.

83

84 City Century

FL

85 Zip Code 32535

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

6-3-99

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 PT ☐ DELETE
NAME MILLER, MELISSA K
STREET ADDRESS 978 W ROBERTS RD
CITY-ST-ZIP CANT FL 32533

TITLE VP ☐ DELETE
NAME PYLE, JAMES L JR
STREET ADDRESS 978 W ROBERTS RD
CITY-ST-ZIP CANT FL 32533

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 President, Treasurer ☒ Change ☐ Addition
1.2 NAME melissa k. Miller
1.3 STREET ADDRESS 3821 O'Farrell Rd.
1.4 CITY-ST-ZIP Century, FL 32535

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME James L. Pyle, Jr.
2.3 STREET ADDRESS 3821 O'Farrell Rd.
2.4 CITY-ST-ZIP Century, FL 32535

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:

Melissa K. Miller

Melissa K. Miller

6-3-99

850-321-6045

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)