Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000012246

Principal Place of Business

FIRST COAST ASSET MANAGEMENT COMPANY, INC.

24 N. MARKET ST. SUITE 405 JACKSONVILLE FL 32202		24 N. MARKET ST. SUITE 405 JACKSONVILLE FL 32202		DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed	SPACE
				02/05/1996	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3364211	Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	<u></u>	5. Certifcate of Status Desired	\$8.75 Additional
22		_ 27. ~		5. Certificate of Otalida Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In:	tangible
24	25	29 30]	Personal Property Tax.	M Yes □ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
			81 Name G	ary R. Wetherk	rold
	ILEY, LESLIE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	OAK CT.		31		N.
URAI	NGE PARK FL 32073		83		
			84 City	antic Beach Fl	85 Zip Code 32233
11 Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above named corr	poration submits this statement for the purpose of	changing its registered
office or re	egistered agent, or both, in the State of ryfainiliar with, and accept the obligati	if Florida. Such change was auth	orized by the corporati	ion's board of directors. I hereby accept the appo	intrient as registered
SIGNATURE	Signature, typed or printed name of registered agent		Netherhold gistered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AF	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WETHERHOLD, PAMELA		1.2 NAME		
STREET ADDRESS	316 OCEANWALK DR. N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	VP	☐ DELETÉ	2.1 TITLE		☐ Cliasige ☐ Addison (
NAME	WETHERHOLD, GARY R		2.2 NAME		
STREET ADDRESS	316 OCEANWALK DR. N.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		2. 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		i⊓ nere ie	4.1 TITLE		
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CiTY-ST-ZiP 5.1 TITLE		Change Addition
TITLE	A		5.2 NAME		
NAME			5.3 STREET ADDRESS		}
STREET ADDRESS			5.4 CITY-ST-ZIP		Ì
CITY-ST-ZIP TITLE		□ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		<u></u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		

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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

Wetherhold

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90056 039 *****8.75 03-02-1999 90056 040 ***150.00