

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90262 027 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000047627

1. Corporation Name  
FIRST COAST FLEET SERVICES, INC.



Principal Place of Business Mailing Address  
5105-401 PHILLIPS HWY. JACKSONVILLE FL 32207  
5105-401 PHILLIPS HWY. JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1996  
4. FEI Number: 59-3382532  
5. Certificate of Status Desired: [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing: [ ] \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: [x] Yes [ ] No

2. Principal Place of Business 2a. Mailing Address  
21 First Coast Fleet Svcs, Inc. 26 First Coast Fleet Svcs, Inc.  
22 2819 Phillips Hwy. 27 2819 Phillips Hwy.  
23 JACKSONVILLE, FLORIDA 28 JACKSONVILLE, FLORIDA  
24 32207 25 DUVAL 29 32207 30 DUVAL

9. Name and Address of Current Registered Agent: ALLEN, BRINTON & SIMMONS, P.A. ONE INDEPENDENT DR. SUITE 3200 JACKSONVILLE FL 32202  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS: PARSONS, PAUL B (P), PARSONS, THERESE W (VP)  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: (Empty table)

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: PAUL B. PARSONS REQUIRED Paul B Parons 399-5777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)