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Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90186 005 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000071423

1. Corporation Name

FIRST COAST CHILDREN'S ORCHARD INC.



Principal Place of Business

14444 BCH BLVD  
STE 57  
JACKSONVILLE FL 32250  
US

Mailing Address

14444 BCH BLVD  
STE 57  
JACKSONVILLE FL 32250  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1996

4. FEI Number

59-3396776

Applied For

No 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

9. Name and Address of Current Registered Agent

GUPTON, C J  
11127 LEM TURNER RD  
JACKSONVILLE FL 32218

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 607.0501 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.

(NO. 1: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HERRIN, JODIE M  
STREET ADDRESS 13246 MARYWEATHER CT  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VD  
NAME HERRIN, KEITH  
STREET ADDRESS 13246 MARYWEATHER CT  
CITY-ST-ZIP JAX FL

☐ DELETE

TITLE T  
NAME COLE, JANICE  
STREET ADDRESS 3554 LEESTONE RD  
CITY-ST-ZIP CALLAHAN FL

☐ DELETE

TITLE S  
NAME SWINK, TERESA  
STREET ADDRESS 202 NO 18TH ST  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Herrin, Jodie M  
1.3 STREET ADDRESS 2068 Spaulbill St  
1.4 CITY-ST-ZIP Jacksonville, FL 32224

☒ Change

☐ Addition

2.1 TITLE VD  
2.2 NAME Herrin, Keith  
2.3 STREET ADDRESS 2068 Spaulbill St  
2.4 CITY-ST-ZIP Jacksonville, FL 32224

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

KEITH HERRIN

Date

Daytime Phone #

4/28/99

904 443-3558

CR2E034 (1/98)