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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90240 004 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000083735**1. Corporation Name

NAME

STREET ADDRESS CITY+ST-ZIP

SIGNATURE:

FIRST COAST SECURITY, INC.

Principal Place	e of Business	Mailing Address						••••	
505 23RD ST.		505 23RD ST.							
ST. AUGUSTINE FL 32095		ST. AUGUSTINE FL 32095				DO NOT WRITE IN THIS SPACE			
					ļ	3. Date Incorporated or Qualifed	E IIV 1 FIIG	3FACE	
						09/23/1997			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	Applied For
21		26				59-3472387			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22	-	27							Required
City & State	е	City & State				6. Election Campaign Financing			May Be
23		28			-	Trust Fund Contribution	<u> </u>		d to Fees
Zip	Country	Zip	Cou	чгу	-	8. This corporation owes the curre	ent year Int	angible □Yes	ĭ ≤ No
24	25	29	30			Personal Property Tax. 10. Name and Address of New R	onistered		
	9. Name and Address of Current	Registered Agent		81 Nan	ne	10. Name and Address of New IV	- cgistered	rgein	
HALI	L. CHARLES E JR.		•						
	OLD MISSION AVE.			82 Stre	et Addres	ess (P.O. Box Number is Not Acceptable)			
	AUGUSTINE FL 32084			83				···	
01.1	1000011112 / 2 02001			83					Ì
				84 City	,		FL	85 Zij	p Code
						di li di ali atau matemati fina dina		changing i	ita capietarad
office or o	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was	authorized	by the co	ed corporation's	ation submits this statement for the last board of directors. I hereby accep	t the appoi	changing i ntment as	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Fl	orida Stati	ites.	.,	, ,	- /	6	_
SIGNATURE			->				2//	2/3/	<i>y</i>
							-		 .
GIGITATURE	Signature, typed or primed name of replaced agen			Agent signati	ure required w	nen reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS	13.		ure required w	nen reinstating)			
	OFFICERS AN		13. 1.1 ΤΓ	LE	ure required w			ID DIREC	
12.	OFFICERS AN PSTD CROYLE, GARY E	D DIRECTORS	13. 1.1 TI 1.2 N/	LE ME					
12. TITLE	PSTD CROYLE, GARY E 505 23RD ST.	D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	LE ME REET ADORE					
12. TITLE NAME	OFFICERS AN PSTD CROYLE, GARY E	D DIRECTORS DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	LE ME REET ADORE TY-ST-ZIP				Chang	e
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6.3 STREET ADDRESS

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.