

05061999-90099-015-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000004546**1. Corporation Name
ENTERPRISE FIRST COAST CONSULTANTS, INCORPORATEDPrincipal Place of Business
1909 SHADOW RIDGE TRAIL
JACKSONVILLE FL 32225Mailing Address
1909 SHADOW RIDGE TRAIL
JACKSONVILLE FL 32225

2. Principal Place of Business 21 5318 Norwood Avenue	2a. Mailing Address 26 P.O. Box 40544	3. Date Incorporated or Qualified 01/14/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3487643
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 32208	Zip 25 Duval	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country 29 32203	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MARTIN, ANDRE' L SR
1909 SHADOW RIDGE TRAIL
JACKSONVILLE FL 32225

81	Name FL	82	Street Address (P.O. Box Number is Not Acceptable)
83		84	City 85 Zip Code

11. Pursuant to the provisions of Sections 807.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
D	MARTIN, ANDRE' L SR	<input type="checkbox"/> DELETE	C/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1909 SHADOW RIDGE TRAIL			
CITY-ST-ZIP	JACKSONVILLE FL 32225			
D	MILLS, GLENN W	<input checked="" type="checkbox"/> DELETE	21.1 TITLE	21.2 NAME
STREET ADDRESS	9235 8TH AVENUE		21.3 STREET ADDRESS	21.4 CITY-ST-ZIP
CITY-ST-ZIP	JACKSONVILLE FL 32208			
D	NESBIT, THOMAS L	<input checked="" type="checkbox"/> DELETE	31.1 TITLE	31.2 NAME
STREET ADDRESS	1834 BANBURY ROAD		31.3 STREET ADDRESS	31.4 CITY-ST-ZIP
CITY-ST-ZIP	JACKSONVILLE FL 32211			
		<input type="checkbox"/> DELETE	41.1 TITLE	41.2 NAME
			41.3 STREET ADDRESS	41.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	51.1 TITLE	51.2 NAME
			51.3 STREET ADDRESS	51.4 CITY-ST-ZIP
		<input type="checkbox"/> DELETE	61.1 TITLE	61.2 NAME
			61.3 STREET ADDRESS	61.4 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: *Andre' L. Martin, Sr.* *Andre' L. Martin, Jr.* 4/30/99 (904) 764-4499
SIGNATURE: *Andre' L. Martin, Sr.* *Andre' L. Martin, Jr.* Date: *4/30/99* Daytime Phone # *(904) 764-4499*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90099 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1198)