


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

05-06-1999 90099 015 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000004546**

1. Corporation Name  
**ENTERPRISE FIRST COAST CONSULTANTS, INCORPORATED**

Principal Place of Business  
**1909 SHADOW RIDGE TRAIL**  
**JACKSONVILLE FL 32225**

Mailing Address  
**1909 SHADOW RIDGE TRAIL**  
**JACKSONVILLE FL 32225**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/14/1998**

2. Principal Place of Business  
**21 5318 Norwood Avenue**

2a. Mailing Address  
**26 P.O. Box 40544**

4. FEI Number  
**59-3487643**

Applied For  
☐ Not Applicable

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
**23 Jacksonville, FL**

City & State  
**28 Jacksonville, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country  
**24 32208 25 Duval**

Zip Country  
**29 32203 30 Duval**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MARTIN, ANDRE' L SR**  
STREET ADDRESS **1909 SHADOW RIDGE TRAIL**  
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☒ DELETE  
NAME **MILLS, GLENN W**  
STREET ADDRESS **9235 8TH AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☒ DELETE  
NAME **NESBIT, THOMAS L**  
STREET ADDRESS **1834 BANBURY ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C/P** ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **D/V/S** ☒ Change ☐ Addition  
2.2 NAME **Martin, Adria M.**  
2.3 STREET ADDRESS **1909 Shadow Ridge Trail**  
2.4 CITY-ST-ZIP **Jacksonville, FL 32225**

3.1 TITLE **D/T** ☐ Change ☐ Addition  
3.2 NAME **Macon, Stan**  
3.3 STREET ADDRESS **956 Baker Avenue**  
3.4 CITY-ST-ZIP **Jacksonville, FL 32209**

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.** **4/30/99 (904) 764-4499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)