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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90099 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000030442

1. Corporation Name

FIRST COAST OF JAX'S BEACH, INC.

Principal Place of Business

**9840 ATLANTIC BOULEVARD
JACKSONVILLE FL 32225**

Mailing Address

**9840 ATLANTIC BOULEVARD
JACKSONVILLE FL 32225**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1998

4. FEI Number

59-3295193

Applied For

Not 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 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

TITLE ☐ DELETE

NAME **F. BEAVER SMITH**

STREET ADDRESS **1644 DR. OF WINDSOR RD**

CITY-ST-ZIP **VIRGINIA BEACH VA 23454**

TITLE ☐ DELETE

NAME **RIDGE SINK**

STREET ADDRESS **5160 BAYMEADOWS WAY WEST #110**

CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ DELETE

NAME **ANTHONY SLEIMAN**

STREET ADDRESS **6970 ALMOHARS DRIVE**

CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ DELETE

NAME **EEL SLEIMAN**

STREET ADDRESS **12362 MANORIN ROAD**

CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☐ DELETE

NAME **JOSEPH SLEIMAN**

STREET ADDRESS **9100 BAYHILL BLVD**

CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ DELETE

NAME **PETER SLEIMAN**

STREET ADDRESS **6144 SAN JOSE BLVD WEST**

CITY-ST-ZIP **JACKSONVILLE FL 32217**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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: **x Peter Sleiman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 3/13/99

x (404) 646-1769

CR2E034 (11/98)