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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90149 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000084154

1. Corporation Name

FIRST COAST HOSPITALITY ONE, INC.

Principal Place of Business

100 2ND AVE., SOUTH, SUITE 701
ST. PETERSBURG FL 33701

Mailing Address

100 2ND AVE., SOUTH, SUITE 701
ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1998

4. FEI Number

59-3546507

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 4354 Seabreeze Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 4354 Seabreeze Drive
Suite, Apt. #, etc.

City & State

23 Jacksonville, Florida

Zip Country

24 32225 25 USA

City & State

28 Jacksonville, Florida

Zip Country

29 32225 30 USA

9. Name and Address of Current Registered Agent

ALDEN, MICHAEL H
100 2ND AVE., SOUTH, SUITE 701
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

Alden, Michael H.

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

100 2nd Avenue South

83

Suite 400 North

84 City

St. Petersburg

FL

85 Zip Code

33701

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

(NOT E. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME
BARKSKY, RICHARD A
STREET ADDRESS
4439 HILLCREST OAKS
CITY-ST-ZIP
OWENSBORO KY 42303

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D/P

Barsky, Richard A.

4354 Seabreeze Drive

Jacksonville, FL 32225

S

Alden, Michael H.

100 2nd Avenue South, Suite 400 North

St. Petersburg, FL 33701

☒ Change ☐ Addition

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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 change, or as an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(727) 822-6000

Daytime Phone #

CR2E034 (1/98)

0404461