

1995



(3)

FIRST COAST LIGHTING, INC.

APPROVED
AND
FILED

07 MAY 1971 12:10:35

GEORGETOWN OF STATE
TALLAHASSEE, FLORIDA

5209 SAN JOSE BOULEVARD
SUITE 201
JACKSONVILLE FL 32207

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JACKSONVILLE FL 32207

21	1825 University Blvd W	26	SAME
22		27	
23	Jacksonville	28	
24	32217	29	
25	Duval	30	

3. Date of Application (mm/dd/yyyy)	3a. Date of Last Filing		
03/04/1991	03/15/1994		
4. Filing Office	<table border="1"> <tr> <td>Applicable</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applicable	Not Applicable
Applicable			
Not Applicable			
5. Identification Number (Assigned)	\$8.75 Additional Fee Required		
6. Election Campaign Financing First Fund Contribution	\$5.00 May Be Added to Fees		
8. Do you corporation have liability for alternative tax under 501(c)(3)?	☒ Yes ☐ No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEMENTS, DANIEL L.
5209 SAN JOSE BOULEVARD
SUITE 201
JACKSONVILLE FL 32207

81	Phone	
82	Street Address	10000 10th Avenue North
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Section 101(a)(1)(A)(i) and (ii) of the Internal Revenue Code, the above-captioned corporation certifies that the statement for the purpose of obtaining its registered status as a registered agent on file in the State of California has been filed with the Secretary of State, and that the corporation is not a corporation of this State, thereby to accept the appointment as registered agent from January 1, 2010, to the termination of its business in the United States.

50. **Answer: D** — The author states that the "most common" type of cancer is "lung cancer."

12.

NAME	D
LAST	CLEMENTS, DANIEL L
First Name	1782 SOUTHPOINT COVE
City, State, Zip	JACKSONVILLE FL
NAME	V
LAST	MEADOWS, BILL
First Name	10263 WHISPERING FOREST DR #704
City, State, Zip	JACKSONVILLE FL

[illegible]

13. ADDITIONAL CHANGE TO OFFICERS AND CHIEFS OF POLICE

[illegible]

14. I, the undersigned, certify that the information required with this filing is accurate, complete, and true, and that I am not aware of any information that would cause this filing to be materially false, misleading, or incomplete. I understand that any false or misleading information provided in this filing may be subject to civil or criminal penalties, including fines or imprisonment, and that my signature shall indicate that I am not aware of any information that would cause this filing to be materially false, misleading, or incomplete. I understand that any false or misleading information provided in this filing may be subject to civil or criminal penalties, including fines or imprisonment, and that my signature shall indicate that I am not aware of any information that would cause this filing to be materially false, misleading, or incomplete.

SIGNATURE:)

SIGNATURE AND TYPE OR PRINTED NAME OF INDIVIDUAL EFFECTED BY DIRECTED

Daniel L. Clements 5/4/95 904-730-0222

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