

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S36199 (5)

1. Corporation Name

GOLD COAST CASH REGISTER SALES, INC.



Principal Place of Business

% JAMES P. JACOBSEN  
3972 N. MONROE ST.  
TALLAHASSEE FL 32303  
US

Mailing Address

% JAMES P. JACOBSEN  
3972 N. MONROE ST.  
TALLAHASSEE FL 32303  
US

3. Date Incorporated or Qualified  
02/28/1991

3a. Date of Last Report  
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBSEN, JAMES P.  
3972 N. MONROE ST.  
TALLAHASSEE FL 32303

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 the applicable

NOTE: Registered Agent's signature is required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME JACOBSEN, JAMES P.  
STREET ADDRESS 2826 GREEN FOREST LANE  
CITY - ST - ZIP TALLAHASSEE FL

☐ DELETE

TITLE D  
NAME KEMMER, LISA MARIE  
STREET ADDRESS 316 S.W. TODD AVE.  
CITY - ST - ZIP PORT ST. LUCIE FL

☐ DELETE

TITLE D  
NAME JACOBSEN, MARY ELLEN  
STREET ADDRESS 2826 GREEN FOREST LANE  
CITY - ST - ZIP TALLAHASSEE FL

☐ DELETE

TITLE D  
NAME JACOBSEN, TONI LYNN  
STREET ADDRESS 1414 ERIN LANE  
CITY - ST - ZIP NASHVILLE TN

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Mary Ellen Jacobsen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

904-562-5709

CR2E034 (12/95)