FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 16 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S75330** **(8)**

1. Corporate Name

FIRST COAST MOBILE MARINE & EQUIPMENT INC.

Principal Place of Business
4446 BREAKWATER ROW W
JACKSONVILLE FL 32225

Mailing Address
4446 BREAKWATER ROW W
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated/Qualified: **08/22/1991**

3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business — 21 — 22 — 23 — 24 — 25

2a. Mailing Address — 26 — 27 — 28 — 29 — 30

4. FEI Number: **59-3080586** ☐ 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

7. Is this corporation subject to provisions of Section 607.1901, Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOON, JOHN W
4446 BREAKWATER ROW W
JACKSONVILLE FL 32225

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 Section 607.0502 and 607.1928, 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. Each 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

12. OFFICES AND/OR DIRECTORS

Title	P
Name	MOON, JOHN W.
Street Address	4446 BREAKWATER ROW W
City-State-Zip	JACKSONVILLE FL
Title	VS
Name	MOON, JANE E.
Street Address	4446 BREAKWATER ROW W
City-State-Zip	JACKSONVILLE FL
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	
Title	
Name	
Street Address	
City-State-Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished on it/we, and 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 with an address, with an asterisk, or attached with an asterisk.

SIGNATURE: Jane E Moon — JANE E MOON VP/SEC — 5-11-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0010446 CP