

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S90080 (0)

1. Corporation Name
FIRST COAST FUNDING, INC.



Principal Place of Business 4241 BAYMEADOWS ROAD SUITE 13 JACKSONVILLE FL 32217-4673	Mailing Address 4241 BAYMEADOWS ROAD SUITE 13 JACKSONVILLE FL 32217-4673
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 4030 DUVAL DR. Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE BEACH FL Zip 29 32250 30 DUVAL
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3. Date Incorporated or Qualified 10/28/1991	3a. Date of Last Report 07/24/1995
4. FEI Number 59-3094760	Applied For Not Applicable
5. Certificate of Status Due Next ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent RILEY, JAMES M 1301 GULF LIFE DRIVE SUITE 1500 JACKSONVILLE FL 32207	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0102 and 607.1504, 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. Thereby accepting the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0106, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGGS, PAUL W 408 LOWER 38TH AVE SO JACKSONVILLE FL	☐ DELETE	1. 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
			Change ☒ Add ☐

14. I do hereby certify that the information supplied with this filing is valid and is furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul W. Briggs PAUL W. BRIGGS 6-21-96 904 367 5900

CR2E034 (3/96)