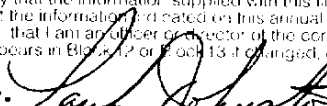


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

Note:

PROFIT CORPORATION ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V05888 (5)			
1. Corporation Name FIRST COAST REBUILDERS, INC.			
Principal Place of Business 8032 PHILLIPS HIGHWAY UNIT 10 JACKSONVILLE FL 32256		Mailing Address 8032 PHILLIPS HIGHWAY UNIT 10 JACKSONVILLE FL 32256	
2. Principal Place of Business 21 627 South 8th St. Suite, Apt. #, etc. 22 Fernandina Beach, FL City & State 23 32034 Zip 24 32034 Country		2a. Mailing Address 26 627 South 8th St. Suite, Apt. #, etc. 27 Fernandina Beach, FL City & State 28 32034 Zip 29 32034 Country	
3. Date Incorporated or Qualified 01/10/1992		3a. Date of Last Report 04/24/1995	
4. FEI Number 59-3103215		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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent JOHNSTON, PAUL C., II 8032 PHILLIPS HIGHWAY UNIT 10 JACKSONVILLE FL 32256		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 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 of person or persons authorized to sign and file this report (SEE INSTRUCTIONS)			
12. OFFICERS AND DIRECTORS 12.1 TITLE DPST ☐ DELETE 12.2 NAME JOHNSTON, PAUL C., II 12.3 STREET ADDRESS 8032 PHILLIPS HWY #10 12.4 CITY-ST-ZIP JACKSONVILLE FL 12.5 TITLE ☐ DELETE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP 12.9 TITLE ☐ DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP 12.13 TITLE ☐ DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP 12.17 TITLE ☐ DELETE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE ☒ Change ☐ Addition 13.2 NAME 627 South 8th Street 13.3 STREET ADDRESS Fernandina Beach, FL 32034 13.4 CITY-ST-ZIP 13.5 TITLE ☐ Change ☐ Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP 13.9 TITLE ☐ Change ☐ Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP 13.13 TITLE ☐ Change ☐ Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP 13.17 TITLE ☐ Change ☐ Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP			
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(5)(b), Florida Statutes. I further certify that the information contained 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 in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7-10-96			

CR2E034 (3/96)