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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V64499

(9)

1. Corporation Name
FIRST COAST ACCESSORIES INC.

Principal Place of Business
11934 CANEY LANE
JACKSONVILLE FL 32218
US

Mailing Address
% DAVID A. KING, ATTORNEY
1416 KINGSLEY AVE
ORANGE PARK FL 32073-4509



| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 09/17/1992 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3142462 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |

9. Name and Address of Current Registered Agent
KING, DAVID A.
ATTORNEY AT LAW
1416 KINGSLEY AVENUE
ORANGE PARK FL 32073

| |
|--|
| 10. Name and Address of New Registered Agent |
| 81. Name Carole J. Johns |
| 82. Street Address (P.O. Box Number is Not Acceptable) 11934 Caney Lane |
| 83. City Jacksonville |
| 84. State FL |
| 85. Zip Code 32218 |

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: *Carole J. Johns* Registered Agent DATE: 4-1-97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------------------|--|---|---|
| TITLE DP | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JOHNS, JOHNNIE G | | 1.2 NAME | |
| STREET ADDRESS 11934 CAREY LANE | | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP JACKSONVILLE FL | <input checked="" type="checkbox"/> DELETE | 1.4 CITY- ST- ZIP | |
| TITLE DV | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KURY, RUSSELL | | 2.2 NAME | |
| STREET ADDRESS 1504 DOPPLER DR | | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP VIRGINIA BCH VA | | 2.4 CITY- ST- ZIP | |
| TITLE ST | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JOHNS, CAROLE J | | 3.2 NAME | |
| STREET ADDRESS 11934 CAREY LANE | | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP JACKSONVILLE FL | | 3.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 4.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 6.4 CITY- ST- ZIP | |

14. I do hereby certify that the information supplied with this filing does not 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 if changed, or on an attachment with an address.

SIGNATURE: *Johnny Johns Pres.* DATE: 4-1-97

CR2E034 (9/96)