

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54219

Entity Name: SOUTHCOAST-TC CORPORATION**Current Principal Place of Business:**1 INDEPENDENT DRIVE
SUITE 1600
JACKSONVILLE, FL 32202-5009**Current Mailing Address:**1 INDEPENDENT DR
SUITE 1600
JACKSONVILLE, FL 32202-5009 US**FEI Number:** 59-2923831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHIELDS, DAVID R
1 INDEPENDENT DR
SUITE 1600
JACKSONVILLE, FL 32202 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title S
Name MELLO, JEANNINE B
Address 1 INDEPENDENT DR STE 1600
City-State-Zip: JACKSONVILLE FL 32202Title VD
Name LOVETT, P.H.
Address 1 INDEPENDENT DR STE 1600
City-State-Zip: JACKSONVILLE FL 32202Title D
Name LOEB, K.L.
Address 1 INDEPENDENT DR STE 1600
City-State-Zip: JACKSONVILLE FL 32202Title PD
Name LOVETT, W.R. (II)
Address 1 INDEPENDENT DR STE 1600
City-State-Zip: JACKSONVILLE FL 32202Title VT
Name SHIELDS, DAVID R
Address 1 INDEPENDENT DR STE 1600
City-State-Zip: JACKSONVILLE FL 32202Title D
Name FANT, LAUREN L
Address 1 INDEPENDENT DR STE 1600
City-State-Zip: JACKSONVILLE FL 32202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEANNINE B MELLO**SECRETARY****02/02/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date