

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54219

Entity Name: SOUTHCOAST-TC CORPORATION**Current Principal Place of Business:**241 ATLANTIC BLVD
SUITE 201
NEPTUNE BEACH, FL 32266**Current Mailing Address:**241 ATLANTIC BLVD
SUITE 201
NEPTUNE BEACH, FL 32266 US**FEI Number:** 59-2923831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLSON, DAVID
241 ATLANTIC BLVD
SUITE 201
NEPTUNE BEACH, FL 32266 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:** DAVID OLSON

04/12/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title S
Name MELLO, JEANNINE B
Address 241 ATLANTIC BLVD
SUITE 201
City-State-Zip: NEPTUNE BEACH FL 32266Title VD
Name LOVETT, P.H.
Address 241 ATLANTIC BLVD
SUITE 201
City-State-Zip: NEPTUNE BEACH FL 32266Title D
Name FANT, LAUREN L
Address 241 ATLANTIC BLVD
SUITE 201
City-State-Zip: NEPTUNE BEACH FL 32266Title PD
Name LOVETT, W.R. (II)
Address 241 ATLANTIC BLVD
SUITE 201
City-State-Zip: NEPTUNE BEACH FL 32266Title D
Name LOEB, K.L.
Address 241 ATLANTIC BLVD
SUITE 201
City-State-Zip: NEPTUNE BEACH FL 32266Title VT
Name OLSON, DAVID
Address 241 ATLANTIC BLVD
SUITE 201
City-State-Zip: NEPTUNE BEACH FL 32266

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**

04/12/2021

Electronic Signature of Signing Officer/Director Detail

Date