

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K68066

**FILED  
Jan 10, 2014  
Secretary of State  
CC6952813624**

**Entity Name:** SOUTHCOAST CAPITAL MANAGEMENT CORPORATION

**Current Principal Place of Business:**

1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 32202-5009

**Current Mailing Address:**

1 INDEPENDENT DRIVE  
SUITE 1600  
JACKSONVILLE, FL 32202-5009

**FEI Number: 59-2933761**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHIELDS, DAVID R  
1 INDEPENDENT DRIVE  
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 DP  
Name LOVETT, WILLIAM RII  
Address 1 INDEPENDENT DRIVE, SUITE 1600  
City-State-Zip: JACKSONVILLE FL 32202-5009

Title S  
Name MELLO, JEANNINE B  
Address 1 INDEPENDENT DRIVE, SUITE 1600  
City-State-Zip: JACKSONVILLE FL 32202-5009

Title VPT  
Name SHIELDS, DAVID R  
Address 1 INDEPENDENT DRIVE, SUITE 1600  
City-State-Zip: JACKSONVILLE FL 32202-5009

Title EVP  
Name LOVETT, PHILIP H  
Address 1 INDEPENDENT DRIVE, SUITE 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 MELLO**

**SECRETARY**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date