

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68066

**FILED
Feb 02, 2015
Secretary of State
CC8389320905**

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 B MELLO

SECRETARY

02/02/2015

Electronic Signature of Signing Officer/Director Detail

Date