

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F13118 (7) 1. Corporation Name SUNCOAST HOLLAND CONSTRUCTION, INC.		

Principal Place of Business 8315 WEST SHORE DRIVE NEW PORT RICHEY FL 34652	Mailing Address 8315 WEST SHORE DRIVE NEW PORT RICHEY FL 34652
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1303 FORESTEDGE BLVD Suite, Apt. #, etc. 22 City & State 23 OLDSMAR, FL Zip 24 34677		2a. Mailing Address 25 1303 FORESTEDGE BLVD Suite, Apt. #, etc. 27 City & State 28 OLDSMAR, FL Zip 29 34677 Country 30 FLORIDA		3. Date Incorporated or Qualified 12/30/1980	4. FEI Number 59-2071844 Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent DISSER, ELIZABETH A 8315 WEST SHORE DRIVE NEW PORT RICHEY FL 34652		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1303 FORESTEDGE BLVD 83 84 City OLDSMAR FL 85 Zip Code 34677	
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☐ DELETE	1.1 TITLE ☒ Change ☐ Addition	
NAME DISSER, ELIZABETH A.		1.2 NAME	
STREET ADDRESS 8315 WEST SHORE DRIVE		1.3 STREET ADDRESS 1303 FORESTEDGE BLVD	
CITY-ST-ZIP NEW PORT RICHEY FL		1.4 CITY-ST-ZIP OLDSMAR, FL 34677	
TITLE ST	☐ DELETE	2.1 TITLE ☒ Change ☐ Addition	
NAME DISSER, ALBERTUS T.		2.2 NAME	
STREET ADDRESS 8315 WEST SHORE DRIVE		2.3 STREET ADDRESS 1303 FORESTEDGE BLVD	
CITY-ST-ZIP NEW PORT RICHEY FL		2.4 CITY-ST-ZIP OLDSMAR, FL 34677	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

[Signature] *[Signature]*

CR2E034 (10/97)