

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
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DOCUMENT # **H97580** (5)
1. Corporation Name
LCC SUNCOAST, INC.

Principal Place of Business 10617 JUMPER CT. NEW PT RICHEY FL 34655 US	Mailing Address P. O. BOX 1150 NEW PT. RICHEY FL 34656-1150 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16653 Bellamy Bros. Blvd. Dade City, FL 33523-7301		2a. Mailing Address Same		3. Date Incorporated or Qualified 02/05/1986	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2774366	
22. City & State		27. City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent STYCK, THERESE M. 10617 JUMPER CT. NEW PORT RICHEY FL 34655				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable) 16653 Bellamy Bros. Blvd.	
				83.	
				84. City Dade City, FL	
				85. Zip Code 33523	

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

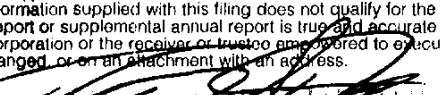
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PST	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME STYCK, RICHARD		1.2 NAME	
STREET ADDRESS 10617 JUMPER CT.		1.3 STREET ADDRESS	16653 Bellamy Bros. Blvd.
CITY-ST-ZIP NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	Dade City, FL 33523
TITLE CV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME KEHOE, WILLIAM E.		2.2 NAME	
STREET ADDRESS 228 OKLAHOMA AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS FL		2.4 CITY-ST-ZIP	
TITLE RA	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME STYCK, THERESE M.		3.2 NAME	
STREET ADDRESS 10617 JUMPER CT.		3.3 STREET ADDRESS	16653 Bellamy Bros. Blvd.
CITY-ST-ZIP NEW PORT RICHEY FL		3.4 CITY-ST-ZIP	Dade City, FL 33523
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  **Richard Styck** Date **1/7/98** (352) 588-0328