

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

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90002 031 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # K68469

1. Corporation Name  
**SUNCOAST OUTDOOR FURNITURE SERVICES INC.**



Principal Place of Business % TERENCE MASON 300 AVENIDA #23 PENSACOLA BEACH FL 32561	Mailing Address % TERENCE MASON 300 AVENIDA #23 PENSACOLA BEACH FL 32561
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>4306 7th Avenue</i>	2a. Mailing Address 26 <i>4306 7th Avenue</i>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <i>Pace FL</i>	City & State 28 <i>Pace FL</i>
Zip 24 <i>32571</i>	Country 25 <i>Santa Rosa</i>
Country 29 <i>32571</i>	Zip 30 <i>Santa Rosa</i>

3. Date Incorporated or Qualified 03/07/1989	Applied For Not Applicable
4. FEI Number 59-2937007	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MASON, TERENCE JOHN  
 300 AVENIDA 23  
 PENSACOLA BCH FL 32561

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MASON, TERENCE JOHN	
STREET ADDRESS	300 AVENIDA 23	
CITY-ST-ZIP	PENSACOLA BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAM RITTER	
STREET ADDRESS	4306 7TH AVE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	SARAH L MASON	
STREET ADDRESS	300 AVENIDA 23	
CITY-ST-ZIP	PENSACOLA BCH FL 32561	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<i>4306 7th Avenue</i>
3.4 CITY-ST-ZIP	<i>Pace FL 32571</i>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: SIGNATURE OF TERENCE MASON 3-23-99 (850) 623 8686  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)