FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000056938 (0)**

1. Corporation Name

SUNCOAST RESIDENTIAL CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
3105 SO. MANHATTAN AVENUE TAMPA FL 33629	3105 SO. MANHATTAN AVENUE TAMPA FL 33629

3. Date Incorporated or Qualified: 07/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 4418 W. VASCONIA ST.
Suite, Apt. #, etc. 22:
City & State 23: TAMPA, FL
Zip 24: 33629 Country 25: HILLSBOROUGH

2a. Mailing Address
26: 4418 W. VASCONIA ST.
Suite, Apt. #, etc. 27:
City & State 28: TAMPA, FL
Zip 29: 33629 Country 30: HILLSBOROUGH

4. FEI Number: 59-3323232 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

SCHEITLIN, GEORGE E JR.
3105 SO. MANHATTAN AVENUE
TAMPA FL 33629

10. **Name and Address of New Registered Agent**

81 Name: SCHEITLIN, GEORGE E. JR.
82 Street Address (P.O. Box Number is Not Acceptable): 4418 W. VASCONIA ST.
83:
84 City: TAMPA FL 85 Zip Code: 33629

11. Pursuant to the provisions of Section 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] 6/24/96
Signature, typed or printed name of registered agent and title if applicable (DATE) (Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	1.1 TITLE	PRESIDENT, U/T/S	☐ Change ☒ Addition
NAME			1.2 NAME	SCHEITLIN, GEORGE E. JR.	
STREET ADDRESS			1.3 STREET ADDRESS	4418 W. VASCONIA ST.	
CITY-ST-ZIP			1.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] GEORGE E. SCHEITLIN, JR. 6/24/96 813/681-9335 x24
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)