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

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 30 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

P95000056938 (0)

SUNCOAST RESIDENTIAL CONSTRUCTION, INC.

Principal Place of Business Mailing Address 4418 W. VASCONIA ST 4418 W VASCONIA ST **TAMPA FL 33629 TAMPA FL 33629** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1995 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 59-3323232 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country Yes Yes Personal Property Tax due June 30. 25 29 30 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent SCHETTLIN, GEORGE E JR. 4418 W. VASCONIA ST Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33629** Zip Code 84 City 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. Fam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or ported name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Change Addition DELETE TITLE **PVTS** 1.1 TITLE 1.2 NAME NAME SCHEITLIN, GEORGE JR STREET ADDRESS 4418 W. VASCONIA ST 1.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 1.4 CITY - ST - ZIP Change Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 3 1 THILE 32 NAME NAME 3.3 STHEET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 4 1 THILE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CitY - ST - 7JP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition **6.1 TITLE** TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an all achiment with an address.