

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # V61198

(0)

1. Corporation Name:

SUNCOAST TRIM DESIGN, INC.



Principal Place of Business

0450 JAMAICA RD. 5145 Bone Ln
SPRING HILL FL 34806
US Brooksville, FL 34609

Mailing Address

0450 JAMAICA RD. 5145 Bone Ln
SPRING HILL FL 34806-4119
US Brooksville, FL 34609

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/31/1992

3a. Date of Last Report

03/12/1996

4. FEI Number

59-3138717

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

COOK, THOMAS N
0450 JAMAICA RD. 5145 Bone Lane
SPRING HILL FL 34806 Brooksville, FL 34609

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

Thomas N. Cook

(NOTE: Registered Agent signature required when reinstating)

3-16-97

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME
COOK, THOMAS N.
STREET ADDRESS
0450 JAMAICA RD. 5145 Bone Lane
CITY, ST, ZIP
SPRING HILL FL Brooksville, FL

1.2 TITLE ☐ DELETE

NAME
COOK, KAREN L.
STREET ADDRESS
0450 JAMAICA RD. 5145 Bone Lane
CITY, ST, ZIP
SPRING HILL FL Brooksville FL

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.7 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 5145 Bone Lane
1.4 CITY, ST, ZIP Brooksville FL 34609

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 5145 Bone Lane
2.4 CITY, ST, ZIP Brooksville FL 34609

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

14. I do 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:

Karen L. Cook

Karen L. Cook

1/16/97

352-799-5074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0442769

CR2E034 (9/96)