

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR 14 AM 10:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 419306 (6)

1. Corporation Name

SUNCOAST FRANCHISING CORPORATION

Principal Place of Business

**C/O IRVIN R. SMUK
409 WINDWARD PASSAGE
CLEARWATER FL 34630-9330**

Mailing Address

**C/O IRVIN R. SMUK
409 WINDWARD PASSAGE
CLEARWATER FL 34630-9330**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/19/1973

3a. Date of Last Report

04/05/1994

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SMUK, IRVIN R.
409 WINDWARD PASSAGE
CLEARWATER FL 34630-9330**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

SMUK, IRVIN R

409 WINDWARD PASS

CLEARWATER FL

CD

GIBLIN, CARL J

322 OVERLOOK BROOK CT.

CHAGRIN FALLS OH

S

GIBLIN, MERCEDES S.

322 OVERLOOK BROOK CT.

CHAGRIN FALLS OH

T

SMUK, AMELIA M.

409 WINDWARD PASSAGE

CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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