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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:39

DOCUMENT # **538285** (8)

1. Corporation Name
SUN COAST CLOSURES, INC.

Principal Place of Business	Mailing Address
7350 26TH COURT EAST P.O. BOX 4700 SARASOTA FL 34230	7350 26TH COURT EAST P.O. BOX 4700 SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1977
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-1746124 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	~~CONNOR, JAMES E.~~	1.2 NAME	D/C
STREET ADDRESS	~~POST OFFICE BOX 763045~~	1.3 STREET ADDRESS	Smiley, Stephen P.
CITY-ST-ZIP	~~DALLAS TX~~	1.4 CITY-ST-ZIP	2700 S. Westmoreland Ave. Dallas, TX 75233
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HOAK, JAMES M.	2.2 NAME	
STREET ADDRESS	13355 NOEL ROAD, #1500	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	IRELAND, JAMES D.	3.2 NAME	
STREET ADDRESS	1111 CHESTER AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	MILLER, JAMES H.	4.2 NAME	
STREET ADDRESS	~~POST OFFICE BOX 769045~~	4.3 STREET ADDRESS	2700 S. Westmoreland Ave.
CITY-ST-ZIP	~~DALLAS TX~~	4.4 CITY-ST-ZIP	Dallas, TX 75233
TITLE	D	5.1 TITLE	☐ Change ☒ Addition
NAME	PATE, R. CARTER	5.2 NAME	D/P
STREET ADDRESS	~~POST OFFICE BOX 769045~~	5.3 STREET ADDRESS	2700 S. Westmoreland Ave.
CITY-ST-ZIP	~~DALLAS TX~~	5.4 CITY-ST-ZIP	Dallas, TX 75233
TITLE	D	6.1 TITLE	☐ Change ☒ Addition
NAME	PIRKAU, ARNO F.	6.2 NAME	D/V
STREET ADDRESS	~~POST OFFICE BOX 4700~~	6.3 STREET ADDRESS	7350 26th Court East
CITY-ST-ZIP	~~SARASOTA FL~~	6.4 CITY-ST-ZIP	Sarasota, FL 34243

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: Arno Pirkau — 813-355-7166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0049107 CP