

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

FILED
Mar 04 1996 8:00 am
Secretary of State

DOCUMENT # 538285 (8)

1. Corporation Name

SUN COAST CLOSURES, INC.

Principal Place of Business

7350 26TH COURT EAST
PO BOX 4280
SARASOTA FL 34239

Mailing Address

7350 26TH COURT EAST
PO BOX 4280
SARASOTA FL 34239

3. Date Incorporated or Qualified
06/29/1977

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 7350 26th Court East
Suite, Apt. #, etc.

26 7350 26th Court East
Suite, Apt. #, etc.

4. FET Number
59-1746124

Applied For
Not Applicable

22 City & State
23 Sarasota, Florida

27 City & State
28 Sarasota, Florida

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 34243 25 U.S.A.

29 34243 30 U.S.A.

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 trust applicable

(NOTE: Registered Agent signature required when submitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME SMILEY, STEPHEN P.
STREET ADDRESS 2700 S. WESTMORELAND AVE.
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE D
NAME HOAK, JAMES M.
STREET ADDRESS 13355 NOEL ROAD, #1500
CITY-ST-ZIP DALLAS TX

☒ DELETE

TITLE D
NAME IRELAND, JAMES D.
STREET ADDRESS 1111 CHESTER AVE
CITY-ST-ZIP CLEVELAND OH

☐ DELETE

TITLE D
NAME MILLER, JAMES H.
STREET ADDRESS 2700 S. WESTMORELAND AVE.
CITY-ST-ZIP DALLAS TX

☐ DELETE

TITLE D
NAME PATE, R. CARTER
STREET ADDRESS 2700 S. WESTMORELAND AVE.
CITY-ST-ZIP DALLAS TX

☒ DELETE

TITLE DV
NAME PIRKAU, ARNO F.
STREET ADDRESS 7350 26TH COURT EAST
CITY-ST-ZIP SARASOTA FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME JAMES R. PARISH
1.3 STREET ADDRESS 2700 S. WESTMORELAND AVE.
1.4 CITY-ST-ZIP DALLAS, TX

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: Arno Pirkau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96

941-355-7166
Daytime Phone #

CR2E034 (12/95)