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FILED

Feb 21 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Bramham,  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 758525 (0)

1. Corporation Name

DISCOVER FLORIDA'S SUNCOAST, INC.

Principal Place of Business

Mailing Address

ONE STADIUM DR STE A  
ST. PETERSBURG FL 33705ONE STADIUM DR STE A  
ST. PETERSBURG FL 33705-17023. Date Incorporated or Qualified  
05/27/19813a. Date of Last Report  
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 14450 46TH ST N

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 CLEARWATER, FL

27 City &amp; State

24 34622 25 USA

28 Zip Country  
29 304. FEI Number  
59-2131976Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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

LARSON, ROGER A.  
911 CHESTNUT ST  
CLEARWATER FL 34617

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE  
NAME GRIFFITH, WILLIAM  
STREET ADDRESS ONE STADIUM DR #A  
CITY-ST-ZIP ST. PETERSBURG FLTITLE CD ☐ DELETE  
NAME PHILLIPS, SUSAN  
STREET ADDRESS ONE STADIUM DR #A  
CITY-ST-ZIP ST. PETERSBURG FLTITLE TD ☐ DELETE  
NAME GUY, JACK  
STREET ADDRESS ONE STADIUM DR #A  
CITY-ST-ZIP ST. PETERSBURG FLTITLE SD ☐ DELETE  
NAME MANTZ, CAROL  
STREET ADDRESS ONE STADIUM DR #A  
CITY-ST-ZIP ST PETERSBURG FLTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition  
1.2 NAME NICHOLS, JULIE  
1.3 STREET ADDRESS 14450 - 46TH STREET NORTH  
1.4 CITY-ST-ZIP CLEARWATER, FL 346222.1 TITLE CD ☒ Change ☐ Addition  
2.2 NAME GRIFFITH, WILLIAM  
2.3 STREET ADDRESS 14450 - 46TH STREET NORTH  
2.4 CITY-ST-ZIP CLEARWATER, FL 346223.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME KUGLER, OLIVER  
3.3 STREET ADDRESS 14450 - 46TH STREET NORTH  
3.4 CITY-ST-ZIP CLEARWATER, FL 346224.1 TITLE SD ☒ Change ☐ Addition  
4.2 NAME BALTZ, BILL  
4.3 STREET ADDRESS 14450 - 46TH STREET NORTH  
4.4 CITY-ST-ZIP CLEARWATER, FL 346225.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED William B. Griffith, Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050110

CR2E037 (9/96)