

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759948 (3)

1. Corporation Name

SUNCOAST PIMEG, INC.



Principal Place of Business

P.O. BOX 21647
TAMPA FL 33622-1647

Mailing Address

P.O. BOX 21647
TAMPA FL 33622-1647

3. Date Incorporated or Qualified
09/09/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2215142

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

10. Name and Address of New Registered Agent

CANNAVINO, TONDA
2701 N. ROCKY PT. 4350 West Cypress Street, Suite
STE-800- 600
TAMPA FL 33607

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☐ DELETE
NAME **GARDNER, ANNA**
STREET ADDRESS **1405 TAMPA PARK PLAZA**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **FRAZE, HENRY**
STREET ADDRESS **6921 17TH LN., N.**
CITY-ST-ZIP **ST. PETERSBURG FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Betty P. Brown Wiggins**
2.3 STREET ADDRESS **3708 E. McBerry Street**
2.4 CITY-ST-ZIP **Tampa, FL 33610**

TITLE **T** ☐ DELETE
NAME **CANNAVINO, TONDA**
STREET ADDRESS **2701 N. ROCKY POINT DR., SUITE 800**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TD**
3.3 STREET ADDRESS **4350 W. Cypress St., Suite 600**
3.4 CITY-ST-ZIP **Tampa, FL 33607**

TITLE **PD** ☐ DELETE
NAME **PACKER, WILLIAM E**
STREET ADDRESS **3801 39TH ST SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **PD**
4.3 STREET ADDRESS **Charles J. Adams, II**
4.4 CITY-ST-ZIP **5335 Columbus Way South**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Tonda D. Cannavino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tonda D. Cannavino, Treasurer

5/1/96

Date

813-874-6522 Ext.4204

Daytime Phone

CR2E037 (12/95)