

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90118 050 ***150.00

DOCUMENT # F47870

1. Corporation Name

SUN COAST PROMOTIONS ADVERTISING SPECIALTIES, INC.

Principal Place of Business

**2784 SUMMERDALE DRIVE NORTH
CLEARWATER FL 34621**

Mailing Address

**2784 SUMMERDALE DRIVE NORTH
CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1981

4. FEI Number

59-2191459

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 **33761** 25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 **33761** 30

9. Name and Address of Current Registered Agent

**SWEENEY, JOHN E
2784 SUMMERDALE DRIVE NORTH
71 NORTH CANAL DRIVE
CLEARWATER FL 34684**

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

(NOT Required Agent signature required when reinstating)

DATE

3/15/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SWEENEY, JOHN E**

STREET ADDRESS **2784 SUMMERDALE DRIVE NORTH**

CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition

2 NAME

3 STREET ADDRESS

4 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition

6 NAME

7 STREET ADDRESS

8 CITY-ST-ZIP

9 TITLE ☐ Change ☐ Addition

10 NAME

11 STREET ADDRESS

12 CITY-ST-ZIP

13 TITLE ☐ Change ☐ Addition

14 NAME

15 STREET ADDRESS

16 CITY-ST-ZIP

17 TITLE ☐ Change ☐ Addition

18 NAME

19 STREET ADDRESS

20 CITY-ST-ZIP

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/99 727/796/7089

CR2E034 (1/198)