

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000004906 (3)**

1. Corporation Name

SUN COAST EXPRESS, INC.



Principal Place of Business

**155 PROGRESS CIRCLE
232 DEL PRADO BLVD.
VENICE FL 34293
US**

Mailing Address

**C/O SUN COAST AUTO PARTS, INC.
232 DEL PRADO BLVD.
CAPE CORAL FL 33990**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/21/1994

3a. Date of Last Report
04/12/1995

4. FEI Number
65-0521798

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

Michael G. Rigoni

82 Street Address (P.O. Box Number is Not Acceptable)

232 Del Prado Boulevard

83

84 City

Cape Coral

FL

85 Zip Code

33990

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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Michael Rigoni

Signature of the individual named as registered agent in this application

Signature of the Registered Agent, if not the individual named as registered agent in this application

4/9/96

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD
RIGONI, MICHAEL G
3117 SE 18TH AVENUE
CAPE CORAL FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**VD
RIGONI, RICARDO O
407 SW 37TH STREET
CAPE CORAL FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**SD
LAUVER, E E
3000 PAWNEE
HOUSTON TX**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**TD
PRESTON, MIKE
3000 PAWNEE
HOUSTON TX**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**AS
RIGONI, PAULA
3117 SE 18TH AVENUE
CAPE CORAL FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**AT
RIGONI, NANCY
407 SW 37TH STREET
CAPE CORAL FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Michael Rigoni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 (941) 574-3900

DATE

DATE & PHONE

CR2E034 (12/95)