

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

DOCUMENT # F94000004906

1. Corporation Name

SUN COAST EXPRESS, INC.

Principal Place of Business

155 PROGRESS CIRCLE  
VENICE FL 34293  
US

Mailing Address

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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90079 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/21/1994

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

RIGONI, MICHAEL G  
232 DEL PRADO BLVD  
CAPE CORAL FL 33990

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RIGONI, MICHAEL G  
STREET ADDRESS 3117 SE 18TH AVENUE  
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE VD  
NAME RIGONI, RICARDO O  
STREET ADDRESS 407 SW 37TH STREET  
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE SD  
NAME LAUVER, E E  
STREET ADDRESS 3000 PAWNEE  
CITY-ST-ZIP HOUSTON TX

☐ DELETE

TITLE TD  
NAME PRESTON, MIKE  
STREET ADDRESS 3000 PAWNEE  
CITY-ST-ZIP HOUSTON TX

☐ DELETE

TITLE AS  
NAME RIGONI, PAULA  
STREET ADDRESS 3117 SE 18TH AVENUE  
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE AT  
NAME RIGONI, NANCY  
STREET ADDRESS 407 SW 37TH STREET  
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ 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 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

Michael Rigoni

4/16/99

(941) 574-3928

Date

Daytime Phone #