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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(7)

SUNCOAST HEAT TREAT, INC.

FILED Feb 26 1998 8:00am Secretary of State



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4704 W. SOUTH AVENUE TAMPA FL 33614			4704 W. SOUTH AVENUE TAMPA FL 33614							
		TOWN A 12					DO NOT WRITE IN THIS SPACE			
							3, Date Incorporated or Quali	ied		
							09/29/1983			
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number			Applied For
21		26					59-2329844		-	Not Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.					5\$Z3Z8044			Additional
- , '	n, 510:	27					Certificate of Status Desired	3 3 1		Required
22 City & State			City & State							
-	•	— ·					6. Election Campaign Financia	ng 🗆		O May Be
23 Zin	Country	28					Trust Fund Contribution			d to Fees
Zip	Country	Zip	-	Count			8. This corporation owes or ha	,		
24	25	29		30	,		Personal Property Tax due		Yes Yes	□ No
	g. Name and Address of Curre	nt Registered A	gent				10. Name and Address of New	w Registered	Agent	
BRI	SELL, ROBERT H.				81	Name				1
4704 W SOUTH AVENUE					82	Street Address (P.O. Box Number is Not Acceptable)				
	MPA FL 33614					Oli COL 710	James (1 . O. Dox Nambol 18 Not Nool	plable		İ
1740					83					
					84	City		FL	85 Zi	p Code
44 Disservent	to the association of Postions CO7 Of	00 and 607 4500	Charles Chatute						-	the sections of
office or r	edistered agent, or both, in the State	e of Florida. Such	, Florida Statute I chande was a	ıs, the ai uthorize	d by	the corpo	orporation submits this statement for ration's board of directors. I hereby a	ine purpose o	or changing pointment a	s registered
agent. I a	m familiar with, and accept the oblig	ations of, Section	607.05 0 5, Flo	rida Stat	tutes		ration's board of directors. I hereby a			
SIGNATURE	Signature, typed or printed name of registered ag	ant and the depution to	MIOTE	- O- minton	- A	al sissal na ta	quired when reinstating)	DATE		
12.		ID DIRECTORS	6 (1401)	13.	O AUG	к ырнашов те	ADDITIONS/CHANGES TO C		D DIDECTO	DDC IN 40
TITLE			DELETE	1.1 TI	TI E		ADDITIONS/CHANGES TO C	FFICERS AN	Change	
	C POINT I PARENT II								Criange	, C VOUIDII
NAME	BRISELL, ROBERT H.			1.2 N/						
STREET ADDRESS	4707 W. SOUTH AVENUE			1.3 ST	TREET .	ADDRESS				
CITY-ST-ZIP	TAMPA FL			1.4 C	TY-SI	- ZIP				
TITLE	P		DELETE	2.1 10	TLE	J			L Change	e ☐ Addition]
NAME	MCPEEK, JENNIFER L			2.2 NA	ME					İ
STREET ADDRESS	4215 BURNS RD			2.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	PALM BCH GARDENS FL			2.40	ITY-S	[-7] P				
TITLE	Train bon wantant		DELETE	311		-			Change	Addition
NAME				3.2 NA						
I						ADDOCCO				l
STREET ADDRESS						ADDRESS				J
CITY-ST-ZIP			DOLLET	3.4. C		- ZIP			T 0:	6.000
TITLE			DELETE	4.1 11	-				Change	Addition
NAME				4. 2 N	AME					
STREET ADDRESS				4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP				4.4 CI	TY-ST	- ZIP				
TITLE			DELETE	5.1 TI					Change	Addition
NAME				5.2 NA	ME				•	1
STREET ADDRESS						DDRESS				1
CITY-ST-ZIP			DELETE	5.4 CO		- ZIP			Chan	Addition
TITLE		l	DELETE	6.1 TI		}			Change	Addition
NAME				6.2 NA	ME	ļ				
STREET ADDRESS				6.3 ST	REET /	ADDRESS .				
AUT. 07 710						t				

64 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

Robert H. Brisell 1/7/98 (561) 776-7763

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