

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H01972 (9)

1. Corporation Name

SUN COAST CREDIT, INC.



Principal Place of Business

Mailing Address

C/O ANDREW SHAW
1515 RINGLING BLVD. #1000
SARASOTA FL 34236
US

C/O ANDREW SHAW
1515 RINGLING BLVD., STE 1000
SARASOTA FL 34236
US

3. Date Incorporated or Qualified
05/03/1984

3a. Date of Last Report
04/21/1995

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

4. FEI Number

NOT APPLICABLE

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

**SHAW, ANDREW
1515 RINGLING BLVD.
#1000
SARASOTA FL 34236**

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FERGESSON, JAMES O., JR.	
STREET ADDRESS	1515 RINGLING BLVD, #1000	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	SKIPPER, J. RONALD	
STREET ADDRESS	1515 RINGLING BLVD #1000	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SHAW, ANDREW	
STREET ADDRESS	1515 RINGLING BLVD. #1000	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KEYSER, STEPHEN B.	
STREET ADDRESS	1515 RINGLING BLVD #1000	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BARON, DAVID J.	
STREET ADDRESS	1515 RINGLING BLVD. #1000	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	TIRABASSI, E. RALPH	
STREET ADDRESS	1515 RINGLING BLVD, #1000	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BAID, DOUGLAS R.	
1.3 STREET ADDRESS	1515 Ringling Blvd., Suite 1000	
1.4 CITY-ST-ZIP	Sarasota, FL 34236	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAGLICH, DAVID S.	
2.3 STREET ADDRESS	1515 Ringling Blvd., Suite 1000	
2.4 CITY-ST-ZIP	Sarasota, FL 34236	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

4-15-96

941-957-1900

CR2E034 (12/95)