

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
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90068 025 ***158.75

DOCUMENT # H55712

1. Corporation Name

**SUNCOAST INSULATORS AND ACOUSTICAL CONTRACTORS O
F CITRUS COUNTY, INC.**

Principal Place of Business

**6044 N TALLAHASSEE RD
P.O. BOX 1150
CRYSTAL RIVER FL 32629
US**

Mailing Address

**3790 N. HIGHWAY 441
P.O. BOX 1150
OCALA FL 32678**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1985

4. FEI Number

59-2520760

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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**COTTEN, PATSY J.
3790 N. HIGHWAY 441
OCALA FL 32675**

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

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S
GOOCH, DAVID B
247 NE 44TH AVE
OCALA FL**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V
GOOCH, STEPHEN N
29 ALMOND WAY
OCALA FL**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V
BUGBEE, DAVID
6044 TALLAHASSEE ROAD
CRYSTAL RIVER FL**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PTD
COTTEN, PATSY J
1607 S.E. 18TH AVE.
OCALA FL 34478**

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

1.1 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 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:

Patsy J. Cotten **PATSY J. COTTEN** **4-13-99** **352-629-8157**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)