

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 # **H64617** (4)

1. Corporation Name

SUNCOAST INSURANCE CENTER, INC.



Principal Place of Business

**2196 PRINCETON STREET
SARASOTA FL 34237-3435**

Mailing Address

**2196 PRINCETON STREET
SARASOTA FL 34237-3435**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**BOGUSZ, TED G.
6509 WATERFORD CIRCLE
SARASOTA FL 34238**

3. Date Incorporated or Qualified

07/01/1985

3a. Date of Last Report

05/22/1995

4. FEI Number

65-0373758

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

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 the date of signature

(If not Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD BOGUSZ, TED G.**
STREET ADDRESS **6509 WATERFORD CIRCLE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME **D BOGUSZ, ANNETTE M.**
STREET ADDRESS **6509 WATERFORD CIRCLE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME **V BURNS, MICHAEL R.**
STREET ADDRESS **2118 HUNTINGTON AVENUE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME **V HASSLER, WILLIAM**
STREET ADDRESS **668 CIRWOOD DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME **ST PAVONCELLLO, PATRICIA**
STREET ADDRESS **4419 DIAMOND CIR W.**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME **V BERG, PEDER G**
STREET ADDRESS **5942 34TH STREET WEST**
CITY-ST-ZIP **BRADENTON FL 34210**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS **5126 Willow Links Way**
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS **~~5126 Willow Links Way~~**
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☒ Change ☐ Addition
62 NAME
63 STREET ADDRESS **6023 26th St W. #170**
64 CITY-ST-ZIP **Bradenton, FL 34207**

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

4/25/96 941-365-2903
Date Daytime Phone

CR2E034 (12/95)