FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K45996** (1)

1. Corporation Name

SUNCOAST SKYLINE, INC.

Principal Place of Business:
% ROBERT J. HOYORD
5041 W. CYPRESS #200
TAMPA FL 33607
US

Mailing Address:
% ROBERT J. HOYORD
5041 W. CYPRESS #200
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1988
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2920145 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 | 2a. Mailing Address 26
Suite, Apt. # etc. 22 | Suite, Apt. # etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

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

HOYORD, ROBERT J.
5041 W CYPRESS ST
STE 200
TAMPA FL 33607

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOYORD, ROBERT J.
STREET ADDRESS	5041 W. CYPRESS ST., STE. 200
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		☐ Change ☐ Addition
1	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
2	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
3	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
4	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
5	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
6	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

14. I the undersigned, certify that the information supplied with this filing is [illegible] and that my signature shall have the same legal effect as if made under oath [illegible]

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0202062 CP