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 # **L01856** **(8)**

1. Corporation Name

SUNCOAST SCIENTIFIC INCORPORATED

Principal Place of Business	Mailing Address
C/O LARRY W. HINES 2004 LEWIS TURNER BLVD. SUITE C FT. WALTON BEACH FL 32547	C/O LARRY W. HINES 2004 LEWIS TURNER BLVD. SUITE C FT. WALTON BEACH FL 32547

3. Date Incorporated or Qualified: **07/12/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2962790** ☐ 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

HINES, LARRY W.
612 CHOCTAW DR
DESTIN FL 32541

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 of signatory) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HINES, LARRY W.		1.2 NAME		
STREET ADDRESS	612 CHOCTAW DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRECKENRIDGE, DANIEL W.		2.2 NAME		
STREET ADDRESS	1332 WINDWARD CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CARTER, STEVEN L.		3.2 NAME		
STREET ADDRESS	413 GREEN OAK LANE		3.3 STREET ADDRESS	208 Brook Court	
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP	Niceville, FL	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PYBUS, CHARLES L.		4.2 NAME		
STREET ADDRESS	132 COUNTRY CLUB RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL		4.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HUTTON, WARREN G		5.2 NAME		
STREET ADDRESS	259 DOMINICA CIR W		5.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GILLEY, DARRYL W.		6.2 NAME		
STREET ADDRESS	101 CEDAR RIDGE WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: Leonard Pybus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard Pybus, Vice President

February 9, 1996 — DATE

904/862-1177 — DAYTIME PHONE #