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May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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** **C/O LARRY W. HINES**  
**2004 LEWIS TURNER BLVD. SUITE C** **2004 LEWIS TURNER BLVD. SUITE C**  
**FT. WALTON BEACH FL 32547** **FT. WALTON BEACH FL 32547-1352**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/12/1989</b>		3a. Date of Last Report <b>02/19/1996</b>	
21 <b>c/o Larry W. Hines</b> Suite, Apt. #, etc.		26 <b>c/o Larry W. Hines</b> Suite, Apt. #, etc.		4. FEI Number <b>59-2962790</b>		Applied For Not Applicable	
22 <b>998 Eglin Parkway</b> City & State		27 <b>998 Eglin Parkway</b> City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 <b>Shalimar, Florida</b> Zip Country		28 <b>Shalimar, Florida</b> Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 <b>32579-1231</b> 25 <b>USA</b>		29 <b>32579-1231</b> 30 <b>USA</b>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>HINES, LARRY W.</b> <b>612 CHOCTAW DR</b> <b>DESTIN FL 32541</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINES, LARRY W.</b>	12 NAME	
STREET ADDRESS	<b>612 CHOCTAW DR</b>	13 STREET ADDRESS	
CITY- ST- ZIP	<b>DESTIN FL</b>	14 CITY- ST- ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRECKENRIDGE, DANIEL W.</b>	22 NAME	
STREET ADDRESS	<b>1332 WINDWARD CIRCLE</b>	23 STREET ADDRESS	
CITY- ST- ZIP	<b>NICEVILLE FL</b>	24 CITY- ST- ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARTER, STEVEN L.</b>	32 NAME	
STREET ADDRESS	<b>208 BROOK COURT</b>	33 STREET ADDRESS	
CITY- ST- ZIP	<b>NICEVILLE FL</b>	34 CITY- ST- ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PYBUS, CHARLES L.</b>	42 NAME	
STREET ADDRESS	<b>132 COUNTRY CLUB RD</b>	43 STREET ADDRESS	
CITY- ST- ZIP	<b>SHALIMAR FL</b>	44 CITY- ST- ZIP	
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUTTON, WARREN G</b>	52 NAME	
STREET ADDRESS	<b>259 DOMINICA CIR W</b>	53 STREET ADDRESS	
CITY- ST- ZIP	<b>NICEVILLE FL</b>	54 CITY- ST- ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILLEY, DARRYL W.</b>	62 NAME	
STREET ADDRESS	<b>101 CEDAR RIDGE WAY</b>	63 STREET ADDRESS	
CITY- ST- ZIP	<b>NICEVILLE FL</b>	64 CITY- ST- ZIP	

*Handwritten signature and date: DW 5-5-97*

**400002170374**  
**-05/08/97--01001--047**  
**\*\*\*165.00**

14. I do 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, on an attachment with an address.

Suncoast Scientific Incorporated  
SIGNATURE: By: *Leonard Pybus*  
Leonard Pybus, Vice President

4/25/97 904-651-6400

Date Daytime Phone #  
0488881

CR2E034 (9/96)