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04-01-1999 90117 047 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01856

1. Corporation Name

SUNCOAST SCIENTIFIC INCORPORATED

Principal Place of Business

C/O LARRY W. HINES
998 ELGIN PKWY
SHALIMAR FL 32579-1231

Mailing Address

C/O LARRY W. HINES
998 ELGIN PKWY
SHALIMAR FL 32579-1231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1989

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME HINES, LARRY W.
STREET ADDRESS 612 CHOCTAW DR
CITY-ST-ZIP DESTIN FL

TITLE VD ☐ DELETE
NAME BRECKENRIDGE, DANIEL W.
STREET ADDRESS 1332 WINDWARD CIRCLE
CITY-ST-ZIP NICEVILLE FL

TITLE VD ☐ DELETE
NAME CARTER, STEVEN L.
STREET ADDRESS 208 BLOOM COURT
CITY-ST-ZIP NICEVILLE FL

TITLE VD ☐ DELETE
NAME PYBUS, CHARLES L.
STREET ADDRESS 132 COUNTRY CLUB RD
CITY-ST-ZIP SHALIMAR FL

TITLE VST ☐ DELETE
NAME HUTTON, WARREN G
STREET ADDRESS 259 DOMINICA CIR W
CITY-ST-ZIP NICEVILLE FL

TITLE VD ☐ DELETE
NAME GILLEY, DARRYL W.
STREET ADDRESS 101 CEDAR RIDGE WAY
CITY-ST-ZIP NICEVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☒ Change ☐ Addition
1.2 NAME Steven L. Carter
1.3 STREET ADDRESS 4025 Lauren Court
1.4 CITY-ST-ZIP Destin, FL 32541

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.

Suncoast Scientific Incorporated

SIGNATURE: By: Warren G. Hutton, Vice President, 3/30/99 850-651-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)