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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # L22318

1. Corporation Name

THIRD COAST CORPORATION

Principal Place of Business

**1514 KENILWORTH STREET
SARASOTA FL 34231**

Mailing Address

**1514 KENILWORTH STREET
SARASOTA FL 34231**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1989

2. Principal Place of Business

21 25007 71ST AVE. EAST

2a. Mailing Address

26 25007 71ST AVE. EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 25007

City & State

City & State

23 MYAKKA CITY FL

28 MYAKKA CITY FL

Zip

Country

Zip

Country

24 34251

25 USA

29 34251

30 USA

9. Name and Address of Current Registered Agent

**WALLACK, MICHAEL M.
100 WALLACE AVENUE
SUITE 260
SARASOTA FL 34237**

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 **PSD** ☐ DELETE
NAME **ADAMS, MICHAEL GEORGE**
STREET ADDRESS **1514 KENILWORTH STREET**
CITY-ST-ZIP **SARASOTA FL**

TITLE **V** ☐ DELETE
NAME **UMHOEFER, MARLA ANN**
STREET ADDRESS **1514 KENILWORTH ST**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PSD** ☒ Change ☐ Addition
1.2 NAME **ADAMS, MICHAEL GEORGE**
1.3 STREET ADDRESS **25007 71ST AVE EAST**
1.4 CITY-ST-ZIP **MYAKKA CITY FL 34251**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **25007 71ST AVE EAST**
2.4 CITY-ST-ZIP **MYAKKA CITY FL 34251**

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.99

Date

941 358 1946

Daytime Phone #

CR2E034 (11/98)