

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L46615 (5)

1. Corporation Name

SUNCOAST HANGINGS UNLIMITED, INC.



Principal Place of Business

Mailing Address

8084 23RD AVE. N.  
ST. PETERSBURG FL 33710

8084 23RD AVE. N.  
ST. PETERSBURG FL 33710

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
01/31/1990

3a. Date of Last Report  
02/02/1995

4. FEI Number

59-2992380

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

10. Name and Address of New Registered Agent

CAMPBELL, GINGER  
8084 23RD AVE. N.  
ST. PETERSBURG FL 33710

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 the "I" applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CAMPBELL, LARRY  
8084 23RD AVE. N.  
ST. PETERSBURG FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
REESE, MARK  
8203 HORNWOOD PLACE  
TAMPA FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TS  
CAMPBELL, GINGER  
8084 23RD AVE. N.  
ST. PETERSBURG FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BILLINGS, RICHARD  
4027 7TH AVE. N.  
ST. PETERSBURG FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CAMPBELL, CHAD  
8084 23RD AVE. N.  
ST. PETERSBURG FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

LARRY CAMPBELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96 813-343-3199  
DATE DAYTIME PHONE

CR2E034 (3/96)