FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L66588** **(9)**

1. Current Name
SUNCOAST REGAL BUILDERS, CORP.

Principal Place of Business
1080 FOREST GROVE BLVD.
PALM HARBOR FL 34683

Mailing Address
1080 FOREST GROVE BLVD.
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/19/1990**
3a. Date of Last Report: **04/19/1994**

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

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

4. FEI Number: **59-3011003** ☐ 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

SIDEBOTTOM, STEVEN
1080 FOREST GROVE BLVD.
PALM HARBOR 34683

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 (Typed or Printed Name of Person Signing) (New Registered Agent's Signature, if Changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	☐ Change ☐ Addition
12 NAME	SIDEBOTTOM, STEVEN	12 NAME	
13 STREET ADDRESS	1080 FOREST GROVE BLVD.	13 STREET ADDRESS	
14 CITY ST ZIP	PALM HARBOR FL	14 CITY ST ZIP	
21 TITLE	DV	21 TITLE	☒ Change ☐ Addition
22 NAME	ROORDA, MILTON	22 NAME	Resigned as Vice President & Director.
23 STREET ADDRESS	PO BOX 563 N/A	23 STREET ADDRESS	
24 CITY ST ZIP	CYRSTAL BCH FL	24 CITY ST ZIP	
31 TITLE	PTS	31 TITLE	☒ Change ☐ Addition
32 NAME	SIDEBOTTOM, STEVEN	32 NAME	Resigned Treasurer and Secretaries positions
33 STREET ADDRESS	1080 FOREST GROVE BLVD.	33 STREET ADDRESS	
34 CITY ST ZIP	PALM HARBOR FL	34 CITY ST ZIP	
41 TITLE		41 TITLE	☐ Change ☒ Addition
42 NAME		42 NAME	ST
43 STREET ADDRESS		43 STREET ADDRESS	Kimberly Sidebottom
44 CITY ST ZIP		44 CITY ST ZIP	1081 Forest Grove Blvd.
51 TITLE		51 TITLE	Palm Harbor, Fl. 34683 ☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I am 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 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steve Sidebottom 4/21/95 813-787-8114
OR NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sto Steve Sidebottom

0388183 CP