

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # M81810 (7)

1. Corporation Name
SUNCOAST MFG. CO., N.C.



Principal Place of Business
**7102 NORTH 30TH ST.
TAMPA FL 33610**

Mailing Address
**7102 NORTH 30TH ST.
TAMPA FL 33610**

2. Principal Place of Business
21 **905 E. M.L. King Jr. Dr.**
Suite, Apt. #, etc.
22 **Suite 400**
City & State
23 **Tarpon Springs, Fl**
Zip
24 **34689**
Country
25 **Pinellas**
2a. Mailing Address
26 **905 E.M.L. King Jr. Dr.**
Suite, Apt. #, etc.
27 **Suite 400**
City & State
28 **Tarpon Springs, Fl**
Zip
29 **34689**
Country
30 **Pinellas**

3. Date Incorporated or Qualified **05/19/1988** 3a. Date of Last Record **04/11/1995**
4. FDI Number **592895272** 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

**VINCELLI, ALFRED J.
7102 N. 30TH STREET
TAMPA FL 33610-8106**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
905 E.M.L. King Jr. Dr.
83 **Suite 400**
84 City
Tarpon Springs FL 85 Zip Code
34689

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 corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1. **PO VINCELLI, ALFRED J. 7102 N. 30TH ST. TAMPA FL VS**
2. **MCDONNELL, DENNIS F 7102 N. 30TH ST. TAMPA FL**
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1. TITLE ☒ Change ☐ Addition
2. 2. NAME
3. 3. STREET ADDRESS **905 E.M.L. King Jr. Dr. #400**
4. 4. CITY-ST-ZIP **Tarpon Springs, Fl 34689**
5. 5. TITLE ☒ Change ☐ Addition
6. 6. NAME
7. 7. STREET ADDRESS **905 E.M.L. King Jr. Dr. #400**
8. 8. CITY-ST-ZIP **Tarpon Springs, Fl 34689**
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99. 99. STREET ADDRESS
100. 100. CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred J. Vincelli
Alfred J. Vincelli

42596 8D- 938-7119

CR2E034 (12/95)