

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 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M84748

(6)

1. Corporation Name

SUN COAST SUPPLY, INC.

Principal Place of Business

**466 CHARLOTTE STREET
LONGWOOD FL 32750**

Mailing Address

**466 CHARLOTTE STREET
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/06/1988

3a. Date of Last Report

03/30/1994

4. FEI Number

59-2908470

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. 189.032,

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 490 North Street

2a. Mailing Address

26 490 North Street

Suite, Apt. #, etc.

22 Suite 116

Suite, Apt. #, etc.

27 Suite 116

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MANDER, ERNEST

**466 CHARLOTTE STREET
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

490 North Street, Suite 116

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MANDER, ERNEST
STREET ADDRESS	466 CHARLOTTE STREET
CITY - ST - ZIP	LONGWOOD FL 32750
TITLE	ST
NAME	CHERSON, DAVID
STREET ADDRESS	466 CHARLOTTE STREET
CITY - ST - ZIP	LONGWOOD FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	490 North Street, Suite 116
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	ST MANDER, JOAN
2.3 STREET ADDRESS	490 North Street, Suite 116
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 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:

Joan H. Mander **JOAN H. MANDER**

4-27-95

Date

Signature of Officer or Director