

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **M84748**

**(6)**

1. Corporation Name

**SUN COAST SUPPLY, INC.**

Principal Place of Business

**490 NORTH STREET  
SUITE 116  
LONGWOOD FL 32750  
US**

Mailing Address

**490 NORTH STREET  
SUITE 116  
LONGWOOD FL 32750  
US**



2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

**24**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

**29**

3. Date Incorporated or Qualified

**06/06/1988**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2908470**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

**9. Name and Address of Current Registered Agent**

**MANDER, ERNEST  
490 NORTH STREET, SUITE 116  
LONGWOOD FL 32750**

**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 Applicable

NOTE: Registered Agent Signature Required when changing

DATE

12.

**OFFICERS AND DIRECTORS**

**13.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE

DELETE

**1.1** TITLE

Change

Addition

NAME

**MANDER, ERNEST**

**1.2** NAME

STREET ADDRESS

**490 NORTH STREET, SUITE 116**

**1.3** STREET ADDRESS

CITY-ST-ZIP

**LONGWOOD FL**

**1.4** CITY-ST-ZIP

TITLE

DELETE

**2.1** TITLE

Change

Addition

NAME

**MANDER, JOAN**

**2.2** NAME

STREET ADDRESS

**490 NORTH STREET, SUITE 116**

**2.3** STREET ADDRESS

CITY-ST-ZIP

**LONGWOOD FL**

**2.4** CITY-ST-ZIP

TITLE

DELETE

**3.1** TITLE

Change

Addition

NAME

**3.2** NAME

STREET ADDRESS

**3.3** STREET ADDRESS

CITY-ST-ZIP

**3.4** CITY-ST-ZIP

TITLE

DELETE

**4.1** TITLE

Change

Addition

NAME

**4.2** NAME

STREET ADDRESS

**4.3** STREET ADDRESS

CITY-ST-ZIP

**4.4** CITY-ST-ZIP

TITLE

DELETE

**5.1** TITLE

Change

Addition

NAME

**5.2** NAME

STREET ADDRESS

**5.3** STREET ADDRESS

CITY-ST-ZIP

**5.4** CITY-ST-ZIP

TITLE

DELETE

**6.1** TITLE

Change

Addition

NAME

**6.2** NAME

STREET ADDRESS

**6.3** STREET ADDRESS

CITY-ST-ZIP

**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, changed, or on an attachment with any address.

**SIGNATURE:**

*Ernest W. Mander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ERNEST W. MANDER**

*1/16/96 407-331-0299*

Daytime Phone #

CR2E034 (12/95)