FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 28 AM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14236 (6)

1. Corporation Name
SUNCOAST CONCHOLOGISTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. 1564 PALM HARBOR FL 34682-8564	P.O. 1564 PALM HARBOR FL 34682-8564

3. Date Incorporated or Qualified: 04/08/1986
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-2458546 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, KATHERINE E.
2699 PINE RIDGE WAY EAST C-1
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name: BEST, JAMES
82 Street Address (P.O. Box Number is Not Acceptable): 7327 118TH DRIVE NORTH
83
84 City: LARGO FL 85 Zip Code: 34643

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: James F Best JAMES F. BEST 2/19/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PETRIKIN, CAROLYN	1.2 NAME	TOTTEN, SHARLENE	
STREET ADDRESS	2550 SWEETGUM WAY WEST	1.3 STREET ADDRESS	2252 SPRINGFLOWER DRIVE	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL. 34623	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	TOTTEN, SHARLENE	2.2 NAME	SNAIR, PATRICIA	
STREET ADDRESS	2252 SPRINGFLOWER DR.	2.3 STREET ADDRESS	2053 GOLF VIEW DRIVE	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	DUNEDIN, FL. 34698	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	SMITH, KATHERINE	3.2 NAME	BEST, JAMES	
STREET ADDRESS	2699 PINE RIDGE WAY EAST C-1	3.3 STREET ADDRESS	7327 118TH DRIVE NORTH	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	LARGO, FL. 34643	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	FLOWER, JO	4.2 NAME	KRUCKI, LORELEI	
STREET ADDRESS	1815 CYPRESS TRACE DR	4.3 STREET ADDRESS	13127 87TH AVENUE NORTH	
CITY-ST-ZIP	SAFETY HARBOR FL	4.4 CITY-ST-ZIP	SEMINOLE, FL. 34646	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James F Best JAMES F. BEST 2/19/95 813-535-9705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008000