

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N14236

(6)

1. Corporation Name

SUNCOAST CONCHOLOGISTS, INC.



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

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2458546

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

10. Name and Address of New Registered Agent

BEST, JAMES
7327 118TH DRIVE NORTH
LARGO FL 34643

81 Name

STERN, LYNN

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

2391 SUMMITTAN Way #45

83

84 City

Clearwater

FL

85 Zip Code

34623

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

LYNN L. STERN

Signature, typed or printed name of registered agent and title if applicable.

DATE Registered Agent signature required when reinstating

1/24/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
TOTTEN, SHARLENE
2252 SPRINGFLOWER DRIVE
CLEARWATER FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
SNAIR, PATRICIA
2053 GOLF VIEW DRIVE
DUNEDIN F

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
BEST, JAMES
7327 118TH DRIVE NORTH
LARGO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
KRUCKI, LORELEI
13127 87TH AVENUE NORTH
SEMINOLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VD
HAVILAND, BARBARA
6950 46th Ave. N., Lot 51
St. Petersburg, 33709

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TD
STERN, LYNN
2391 Summitan Way, #45
Clearwater 34623

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

000001740790

03/13/96 01020 010

***61.25

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

341-96

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:

LYNN L. STERN

LYNN L. STERN

1/24/96

724-9423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)