

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 24 PM 12:36

DOCUMENT # N27517 (4)

1. Corporation Name

SUNCOAST MINORITY CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 75327
TAMPA FL 33675-5327

P.O. BOX 75327
TAMPA FL 33675-5327

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

NOT APPLICABLE

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

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

2. Principal Place of Business

2a. Mailing Address

21 5411 W. Tyson Ave.

26 P.O. Box 75327

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33611

25 Hills.

29 33675-5327

30 Hills.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOWE, FRED T., ESQ.
3825 HENDERSON BLVD., SUITE 605A
TAMPA FL 33629

81 Name

Stephen Allen, Esquire

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

4830 W. Kennedy Blvd.

83

Suite 340

84

City

Tampa

FL

85

Zip Code

33609

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

C. STEPHEN ALLEN

May 18, 1995

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

(NOTE: Registered agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	JOHNSON, FRANK
STREET ADDRESS	5411 W. TYSON AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	VPD
NAME	WELLS, WAYNE
STREET ADDRESS	317 41ST ST. SOUTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	VPD
NAME	CHARLES, LYLE
STREET ADDRESS	3825 HENDERSON BLVD.
CITY - ST - ZIP	TAMPA FL
TITLE	SD
NAME	JOHNSON, TARRA
STREET ADDRESS	5411 W. TYSON AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	TD
NAME	BEAL, BEATRICE
STREET ADDRESS	5411 W. TYSON AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	VPD
33 STREET ADDRESS	CHARLES, Lyle
34 CITY - ST - ZIP	#1410, 3301 Bayshore
	Tampa, FL 33629
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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, unchanged, or as an attachment within an address.

SIGNATURE:

FRANK E. JOHNSON, President

May 18, 1995

(813) 837-6795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Year / Page #