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

APPROVED AND FILED

95 MAY -1 PM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002350 (6)

1. Corporation Name

ROASTERS SUNCOAST ADVERTISING INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3450 W BUSCH BLVD SUITE 195 TAMPA FL 33618	3450 W BUSCH BLVD SUITE 195 TAMPA FL 33618

3. Date Incorporated or Qualified: 04/15/1994

3a. Date of Last Report:

4. FEI Number: 59-3238080 ☐ 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

NESBITT, STEVE
3450 W BUSCH BLVD
SUITE 195
TAMPA FL 33618

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	JONES, TOM	12 NAME		
STREET ADDRESS	3450 W BUSCH BLVD SUITE 195	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	GRANT, PETER	22 NAME		
STREET ADDRESS	9550-17 BAYMEADOWS RD	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	PAPELL, BENJAMIN	32 NAME		
STREET ADDRESS	5400 EAGLES POINT CIR #404	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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 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: Thomas H. Jones 3/31/95 (813)735-8227
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0054830