

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90321 043 ****61.25

0071357

DOCUMENT # N96000006518

1. Corporation Name

SUNCOAST DAMS, INC.

Principal Place of Business

4362 REEVES ROAD
NEW PORT RICHEY FL 34652

Mailing Address

4362 REEVES ROAD
NEW PORT RICHEY FL 34652



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/23/1996

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

9. Name and Address of Current Registered Agent

FUNK, PAUL J
4362 REEVES ROAD
NEW PORT RICHEY FL 34652

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 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

Paul Funk PAUL FUNK PRESIDENT 4-12-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME AMEND, WESLEY
STREET ADDRESS 880 OLEANDER WAY SOUTH, APT. 150G
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME BALDWIN, ALICE
STREET ADDRESS 11253 CINDY DR.
CITY-ST-ZIP BROOKSVILLE FL

TITLE TD ☐ DELETE

NAME DUFFY, ANDREW J.
STREET ADDRESS 725 MONTE CRISTO BLVD.
CITY-ST-ZIP TIERRA VERDE FL

TITLE D ☒ DELETE

NAME FULFORD, ROBERT
STREET ADDRESS 1418 SHELL FLOWER DR.
CITY-ST-ZIP BRANDON FL

TITLE SD ☐ DELETE

NAME JOHNSTON, ROBERT J.
STREET ADDRESS 880 OLEANDER WAY SOUTH APT. 130G
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME SCHECKENER, STUART
STREET ADDRESS 4854 PRIMROSE PATH
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME PAUL J FUNK
1.3 STREET ADDRESS 4362 REEVES ROAD
1.4 CITY-ST-ZIP NEW PORT RICHEY FL 34652

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Paul Funk PAUL FUNK PRESIDENT 4-12-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)