FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P15801** **(4)**

1. Corporation Name
SUNCOAST ADMINISTRATORS, INC.

Principal Place of Business
5401 W KENNEDY BV STE 710 (33609)
P.O. BOX 21047
TAMPA FL 33622-8047

Mailing Address
5401 W KENNEDY BV STE 710 (33609)
P.O. BOX 21047
TAMPA FL 33622-8047

3. Date Incorporated or Qualified: 09/02/1987
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business
21 1 N. DALE MABRY HWY
Suite, Apt. #, etc.
22 STE 1025
City & State
23 TAMPA, FLORIDA
Zip 24 33609 Country 25 HILLSBOROUGH

2a. Mailing Address
26 1 NORTH DALE MABRY HWY
Suite, Apt. #, etc.
27 STE 1025
City & State
28 TAMPA, FLORIDA
Zip 29 33609 Country 30 HILLSBOROUGH

4. FEI Number 59-2871419 ☐ 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
LYNN, WAYNE R.
5401 W. KENNEDY BLVD.
STE 710
TAMPA FL 33609

10. Name and Address of New Registered Agent
81 Name: LYNN, WAYNE R.
82 Street Address (P.O. Box Number is Not Acceptable): 1 N. DALE MABRY HWY
83: STE 1025
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	LYNN, WAYNE R.	3419 JEAN CIRCLE	TAMPA FL	☐
V	BLACK, CAROL S.	608 FAIRMONT AVE #D	SAFETY HBR FL	■
D	LYNN, LYNNE D.	3419 JEAN CIRCLE	TAMPA FL	☐
D	MCNEEL, VAN L.	4816 CULBREATH ISLES RD	TAMPA FL	■
D	MCNEEL, CLAYTON W	3407 S BEACH DR	TAMPA FL	■
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	OFFICER		☐ Change	■ Addition
1.2 NAME	PASCIUTA, CAROL A.			
1.3 STREET ADDRESS	604 ST. HENRY DR			
1.4 CITY-ST-ZIP	BRANDON, FLORIDA 33511			
2.1 TITLE	OFFICER		☐ Change	■ Addition
2.2 NAME	HOLLISTER, KELLY G.			
2.3 STREET ADDRESS	8415 N. ARMENIA #225			
2.4 CITY-ST-ZIP	TAMPA,FL.33604			
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: [signature] 02/28/96 (813) 879-6076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)