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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	Mailing Address
5401 W KENNEDY BV STE 710 (33609) P.O. BOX 21047 TAMPA FL 33622-8047	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	2a. Mailing Address
21 1 N. DALE MABRY HWY	26 1 NORTH DALE MABRY HWY
Suite, Apt. #, etc 22 STE 1025	Suite, Apt. #, etc 27 STE 1025
City & State 23 TAMPA, FLORIDA	City & State 28 TAMPA, FLORIDA
Zip / Country 24 33609 / 25 HILLSBOROUGH	Zip / Country 29 33609 / 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	10. Name and Address of New Registered Agent
LYNN, WAYNE R. 5401 W. KENNEDY BLVD. STE 710 TAMPA FL 33609	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE PTD LYNN, WAYNE R. 3419 JEAN CIRCLE TAMPA FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ■ Addition OFFICER PASCIUTA, CAROL A. 604 ST. HENRY DR BRANDON, FLORIDA 33511
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	■ DELETE V BLACK, CAROL S. 608 FAIRMONT AVE #D SAFETY HBR FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ■ Addition OFFICER HOLLISTER, KELLY G. 8415 N. ARMENIA #225 TAMPA, FL. 33604
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE D LYNN, LYNNE D. 3419 JEAN CIRCLE TAMPA FL	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	■ DELETE D MCNEEL, VAN L. 4816 CULBREATH ISLES RD TAMPA FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	■ DELETE D MCNEEL, CLAYTON W 3407 S BEACH DR TAMPA FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: _____ 02/28/96 (813) 879-6716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #