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FILED

Apr 29 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15801 (4)

1. Corporation Name

SUNCOAST ADMINISTRATORS, INC.

Principal Place of Business

1 N DALE MABRY HWY
STE 1025
TAMPA FL 33609
US

Mailing Address

1 NORTH DALE MABRY HWY
STE 1025
TAMPA FL 33609-2759
US

3. Date Incorporated or Qualified

09/02/1987

3a. Date of Last Report

03/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2871419

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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.
1 N DALE MABRY HWY
STE 1025
TAMPA FL 33609

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

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 PTD
NAME LYNN, WAYNE R.
STREET ADDRESS 3419 JEAN CIRCLE
CITY-ST-ZIP TAMPA FL
☐ DELETETITLE O
NAME PASCUITA, CAROLA
STREET ADDRESS 604 SR HENRY DR
CITY-ST-ZIP BRANDON FL
☐ DELETETITLE D
NAME LYNN, LYNNE D.
STREET ADDRESS 3419 JEAN CIRCLE
CITY-ST-ZIP TAMPA FL
☐ DELETETITLE O
NAME HOLLISTER, KELLY G
STREET ADDRESS 8415 N ARMENIA STE 225
CITY-ST-ZIP TAMPA FL
☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Officer
1.2 NAME Fick, Barbara J.
1.3 STREET ADDRESS 685 Imperial Drive
1.4 CITY-ST-ZIP Largo, FL 34641
☐ Change ☒ Addition2.1 TITLE Officer
2.2 NAME Pasciuta, Carol A.
2.3 STREET ADDRESS 604 St. Henry Drive
2.4 CITY-ST-ZIP Brandon, FL 33511
☒ Change ☐ Addition
* Spelling of last name & street address3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carol A. Pasciuta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/97

(813)879-6766

Daytime Phone #

CR2E034 (9/96)