

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

07-20-1999 90010 037 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT



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

1999

DOCUMENT # **P15801**

1. Corporation Name

SUNCOAST ADMINISTRATORS, INC.

Principal Place of Business

**ONE TAMPA CITY CENTER
2550
TAMPA FL 33602
US**

Mailing Address

**ONE TAMPA CITY CENTER 2550
2550
TAMPA FL 36602
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1987

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21 100 Fifth Avenue

Suite, Apt. #, etc.

**22 City & State
23 WALTHAM MA**

24 02454

Country

2a. Mailing Address

26 P.O. Box 21047

Suite, Apt. #, etc.

**27 City & State
28 TAMPA FL**

29 33622-1047

Country

9. Name and Address of Current Registered Agent

**LYNN, WAYNE R.
ONE TAMPA CITY CENTER
SUITE 2550
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

18902 Place Marguerite

83

84 City **LUTZ**

FL

85 Zip Code

33549

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 **Wayne R. Lynn** **WAYNE R. LYNN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **7/10/99**

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **LYNN, WAYNE R.**
STREET ADDRESS **3419 JEAN CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **LYNN, LYNN D.**
STREET ADDRESS **3419 JEAN CIRCLE**
CITY-ST-ZIP **TAMPA FL**

TITLE **O** ☒ DELETE

NAME **FICK, BARBARA J.**
STREET ADDRESS **685 IMPERIAL DR**
CITY-ST-ZIP **BRANDON FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

**18902 Place Marguerite
LUTZ FL 33549**

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

**18902 Place Marguerite
LUTZ FL 33549**

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

SIGNATURE:

Wayne R. Lynn

7/10/99

781 672-3026

Date

Daytime Phone #

CR2E034 (5/99)