FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 28 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000011893 (4)**

1. Corporation Name
FLORIDA SUNCOAST DESIGN AND DEVELOPMENT INC.

Principal Place of Business	Mailing Address
P.O. BOX 67266 ST. PETERSBURG FL 33736	369 6TH AVE. N. TIERRA VERDE FL 33715 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/15/1992
3a. Date of Last Report: 05/01/1994

21	2. Principal Place of Business: 820 Columbus DR E.	26	2a. Mailing Address: P.O. Box 67266
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: TIERRA VERDE FL.	28	City & State: ST. PETE Bch. FL.
24	Zip: 33715	25	Country: U.S.
29	Zip: 33736	30	Country: U.S.

4. FEI Number: 59-3159322 ☐ 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

TSONAS, CHRISTOPHER D
793 COLUMBUS DR. E.
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 820 Columbus Dr. E
83
84 City: TIERRA VERDE FL 85 Zip Code: 33715

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: Christopher D Tsonas 4-23-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	TSONAS, CHRISTOPHER D	12 NAME	
STREET ADDRESS	793 COLUMBUS DR. E.	13 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	14 CITY-ST-ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	TSONAS, CYNTHIA D	22 NAME	
STREET ADDRESS	793 COLUMBUS DR E.	23 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	STEWART, RONALD P	32 NAME	
STREET ADDRESS	1727 SUNSET DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRING,FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Christopher D Tsonas CHRISTOPHER D. TSONAS 4-23-95 1-813-867-6776
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

031A43 CP