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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:41

DOCUMENT # **P93000020752 (0)**

1. Corporation Name
SUNCOAST PREFERRED, INC.

Principal Place of Business	Mailing Address
~~7230~~ BENEVA RD SARASOTA FL 34238 US	P O BOX 3695 SARASOTA FL 34233 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 7250 BENEVA RD
22 Suite, Apt. #, etc.
23 City & State: SARASOTA, FL
24 Zip: 34238 25 Country: US

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 65-0393329 ☐ 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

CAINE, SUSAN K
~~7230~~ BENEVA RD
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7250 BENEVA RD
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 _____ 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	VS	11 TITLE	VSD	☒ Change ☒ Addition
NAME	CAINE, SUSAN K	12 NAME	CAINE, SUSAN K.	
STREET ADDRESS	7230 BENEVA RD	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP		34238
TITLE	D	21 TITLE		☐ Change ☒ Addition
NAME	CAINE, TEDSON N	22 NAME		
STREET ADDRESS	7230 BENEVA RD	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP		34238
TITLE	D	31 TITLE		☐ Change ☒ Addition
NAME	CAINE, JULIA J	32 NAME		
STREET ADDRESS	7230 BENEVA RD	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP		34238
TITLE	PT	41 TITLE	PTD	☐ Change ☒ Addition
NAME	CAINE, THOMAS E	42 NAME		
STREET ADDRESS	7230 BENEVA ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP		34238
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: Tedson M. Caine 3/24/95 813-924-9653
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #