

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 21 AM 10:14

DOCUMENT # P93000039759 (4)

1. Corporation Name

SUNCOAST FIRE PROTECTION, INC.

Principal Place of Business

108 HALSEMA ROAD
JACKSONVILLE FL 32220
US

Mailing Address

108 HALSEMA ROAD
JACKSONVILLE FL 32220
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/01/1993
3a. Date of Last Report 05/01/1994

4. FEI Number 59-3188448
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ROGERS, MARK F
1702 LINDSEY RD
JACKSONVILLE FL 32221

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 the if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
ROGERS, DEBRA D
1702 LINDSEY RD
JACKSONVILLE FL 32221

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
ROGERS, MARK F
1702 LINDSEY RD
JACKSONVILLE FL 32221

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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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 110.07(3)(g), 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: Mark Rogers MARK ROGERS
SIGNATURE TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/95 904-783-6019
Date (Type in 1995)