Applied For

Fee Required **\$5.00** May Be

Added to Fees

☐ Yes

....No

Not Applicable \$8.75 Additional

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOCOCOCOCO

Corporation Name	Corporation Name SULF COAST COURIER, INC.							
Principal Place of Business	Mailing Address							
710 CHESAPEAKE DRIVE PO BOX 1462 GULF BREEZE FL 32561 GULF BREEZE FL 32562-1462 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
,				09/14/1993				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number				
21	Suite, Apt. #, etc.			59-3201483 \$8.				
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.			5. Certifcate of Status Desired				
City & State	City & State -	-		6. Election Campaign Financing Trust Fund Contribution \$5				
Zip Country	· — ·	Country		8. This corporation owes the current year Intangible Personal Property Tax.				
(ess of Current Registered Agent			10. Name and Address of New Registered Agent				
THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED 343 ALMERIA AVE CORAL GABLES FL 33134		81 82 83	Name Street Add	ress (P.O. Box Number is Not Acceptable)				
		84	City	85				

May 04, 1999 8:00 am Secretary of State

05-04-1999 90049 013 ***150.00



office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I nereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Including the provided registered agent and table if applicables. (NOTE: Registered Agent signature required when renotating)			81	Name					
### STREET ADDRESS CITY-ST-ZP TITLE AS ALMERIA AVE 83	THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED								
## CORAL GABLES FL 33134 ## City FL ## S Zip Code ## City FL ## S Zi	343 ALMERIA AVE		82 Street Address (P.O. Box Number is Not Acceptable)						
### City ### ###			83						
TITLE DELETE DEL	00.0	to the second of							
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 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, 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 agent in a manular with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE True			84	City	C1	85 Zip C	ode		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE			Ш			anging its	registered		
Communication Communicatio	office or re	egistered agent, or both, in the State of Florida, Such change was authorize	d bv	the cord	corporation submits this statement to the purpose of clooration's board of directors. I hereby accept the appoint	ment as reg	jistered		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME DICKEY, BOBBI M. TO CHESAPEAK DRIVE GULFBREEZE FL DELETE 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 TITLE NAME 3.2 NAME 3.2 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP 0.4 Additional Control of Change Additional Change Additional Control of Change Additional Change Additional Control of Change Additional Change Addit	SIGNATURE			. ,	DATE				
TITLE NAME DICKEY, BOBBI M. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.1 TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME 4.2 NAME 3.4 CITY-ST-ZIP TITLE NAME 5TREET ADDRESS CITY-ST-ZIP NAME 5TREET ADDRESS 5TREE				t signature	indexina in the indexing)	DIRECTO	RS IN 12		
MAME DICKEY, BOBBI M. 5TREET ADDRESS 710 CHESAPEAK DRIVE GULFBREEZE FL 13 STREET ADDRESS CITY-ST-ZIP TITLE AMME 5TREET ADDRESS CITY-ST-ZIP DELETE 21 TITLE AMME 5TREET ADDRESS CITY-ST-ZIP DELETE 31 TITLE AMME 32 MAME 33 STREET ADDRESS CITY-ST-ZIP TITLE AMME 5TREET ADDRESS CITY-ST-ZIP TITLE AMME 5TREET ADDRESS CITY-ST-ZIP TITLE AMME 4 2 NAMME 5TREET ADDRESS CITY-ST-ZIP TITLE AMME 5TREET ADDRESS CITY-ST-ZIP ACTIV-ST-ZIP ACTI		OF FIGURE 2012					Addition		
STREET ADDRESS CITY-ST-ZIP TITLE NAME ASTREET ADDRESS CITY-ST-ZIP TITLE NAME ASTREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Additional Change Additional Ch	i	· — · · · · · · · · · · · · · · · · · ·				L] Onlango			
1.4 CITY-ST-ZIP	NAME								
DELETE DELETE Change Addition Change Addition Change Addition Change Chan	STREET ADDRESS		TREET	ADDRESS					
	CITY-ST-ZIP			r-ZIP		C7 01	C Addison		
2.3 STREET ADDRESS 2.4 C(TY-ST-ZIP	TITLÉ	DELETE 2.1	ITLE		1] Change	☐ Addition		
CITY-ST-ZIP	NAME	2.2	IAME						
DELETE DELETE 3.1 TITLE Change Addition Add	STREET ADDRESS	2.3	TREET	ADORESS	1				
NAME	CITY-ST-ZIP	2.4	CITY-S	T-ZIP					
STREET ADDRESS 3.3 STREET ADDRESS	TITLE	☐ DELETE 3.1	MLE.			Change	☐ Addition		
3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition Addi	NAME	3.21	AME						
### TITLE	STREET ADDRESS	3.3:	TREET	ADDRESS					
NAME	CITY-ST-ZIP	3.4.	CITY-S	T-ZIP					
### ### ##############################	TITLE	☐ DELETE 4.1	TILE	•		☐ Change	☐ Addition		
A4 CITY-ST-ZIP	NAME	4.2	NAME						
DELETE DELETE S.1 TITLE Change Addition	STREET ADDRESS	4.3	TREET	ADDRESS					
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP	4,41	CITY-S	T-ZIP					
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP COhange DAddition		DELETE 5.1	TILE	-		☐ Change	☐ Addition		
CITY-ST-ZIP SAUME SAUMES CALIFF SAUME CAL	NAME	52	AME						
CITY-ST-ZIP 54 CITY-ST-ZIP		5.3	STREET	ADDRESS					
Change Addition		5.4	CITY-S	T- ZIP			_		
■ 1		DELETE 6.1	TILE			Change	☐ Addition		
NAME 6.2 NAME		6.2	AME						
STREET ADDRESS 6.3 STREET ADDRESS		6.3	TREET	ADDRESS					
CACITY OT 710									
1/14. A brooky coefficients 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	14 I haraby	partifu that the information cumplied with this filing does not qualify for the ex	emnti	on state	d in Section 119.07(3)(i), Florida Statutes. I further certif	y that the in	nformation		
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	indicated	on this annual report or supplemental annual report is true and accurate an director of the corporation or the receiver or trustee empowered to execute	d tha	t mv sia:	nature snall nave the same legal effect as it made under	oain, mai	am an		

4-27-99 850 932 0048 Block 12 or Block 13 if changed

SIGNATURE