

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Montgomerie
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075973 (6)**

1. Corporation Name

SUNCOAST REAL ESTATE, INC.

Principal Place of Business

Mailing Address

**3080 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118**

**3080 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/27/1993	07/21/1994
4. FEI Number	Applied For
59-3231957	☐ 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
6. This corporation has liability for filing fees for 1994 only.	Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. # etc.	26. Suite, Apt. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GILL, ERIC V
4393 RIDGEWOOD AVE
PORT ORANGE FL 32118**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Chapters 607 and 608, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this State of Florida. Such change was authorized by the corporation's board of directors, thereby, accept the appointment as registered agent. I am hereby authorized to sign this statement in accordance with Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this statement on behalf of the corporation.

Signature of the person authorized to sign this statement on behalf of the corporation.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME PST LILLY, JAMES W 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	1. NAME 2. STREET ADDRESS 3. CITY & STATE 4. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	5. NAME 6. STREET ADDRESS 7. CITY & STATE 8. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	9. NAME 10. STREET ADDRESS 11. CITY & STATE 12. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	13. NAME 14. STREET ADDRESS 15. CITY & STATE 16. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	17. NAME 18. STREET ADDRESS 19. CITY & STATE 20. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	21. NAME 22. STREET ADDRESS 23. CITY & STATE 24. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	25. NAME 26. STREET ADDRESS 27. CITY & STATE 28. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	29. NAME 30. STREET ADDRESS 31. CITY & STATE 32. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	33. NAME 34. STREET ADDRESS 35. CITY & STATE 36. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	37. NAME 38. STREET ADDRESS 39. CITY & STATE 40. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	41. NAME 42. STREET ADDRESS 43. CITY & STATE 44. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	45. NAME 46. STREET ADDRESS 47. CITY & STATE 48. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	49. NAME 50. STREET ADDRESS 51. CITY & STATE 52. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	53. NAME 54. STREET ADDRESS 55. CITY & STATE 56. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	57. NAME 58. STREET ADDRESS 59. CITY & STATE 60. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	61. NAME 62. STREET ADDRESS 63. CITY & STATE 64. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	65. NAME 66. STREET ADDRESS 67. CITY & STATE 68. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	69. NAME 70. STREET ADDRESS 71. CITY & STATE 72. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	73. NAME 74. STREET ADDRESS 75. CITY & STATE 76. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	77. NAME 78. STREET ADDRESS 79. CITY & STATE 80. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	81. NAME 82. STREET ADDRESS 83. CITY & STATE 84. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	85. NAME 86. STREET ADDRESS 87. CITY & STATE 88. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	89. NAME 90. STREET ADDRESS 91. CITY & STATE 92. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	93. NAME 94. STREET ADDRESS 95. CITY & STATE 96. ZIP CODE
NAME 4393 RIDGEWOOD AVE PORT ORANGE FL 32118	97. NAME 98. STREET ADDRESS 99. CITY & STATE 100. ZIP CODE

14. I, Eric Lilly, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law 607.19(1)(b), Florida Statutes. Further, I certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, on Block 1, of this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 904-761-4955