

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

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90019 071 ****75.00

05-29-1999 90019 072 ****75.00

DOCUMENT # P94000004802

1. Corporation Name

SUNCOAST NUTRITION, INC.

Principal Place of Business

4832 S. TAMiami TR.
SARASOTA FL 34231
US

Mailing Address

4832 S. TAMiami TR
SARASOTA FL 34231
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1994

4. FEI Number

65-0460680

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 134 Southgate Plaza

2a. Mailing Address

26 134 Southgate Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sarasota, FL

City & State

28 Sarasota, FL

Zip Country

24 34239 USA

Zip Country

29 34239 USA

9. Name and Address of Current Registered Agent

CARUSO, MARK
8360 WINGATE DR. #824
SARASOTA FL 34238

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME CARUSO, JOHN R
STREET ADDRESS 8221 SHADOW PINE WAY
CITY-ST-ZIP SARASOTA FL 34238

TITLE D ☐ DELETE
NAME CARUSO, MARK R
STREET ADDRESS 8221 SHADOW PINE WAY
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME CARUSO, John R.
1.3 STREET ADDRESS 8999 Midnight Pass Road #504
1.4 CITY-ST-ZIP Sarasota, FL 34242

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME CARUSO, Mark R.
2.3 STREET ADDRESS 8360 Wingate Dr. #824
2.4 CITY-ST-ZIP Sarasota, FL 34238

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0471603