FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000008281 (5)

1. Corporation Name
SUNCOAST PRESS, INC.

Principal Place of Business
245 MAGNOLIA AVE.
SUITE A
MERRITT ISLAND FL 32952

Mailing Address
245 MAGNOLIA AVE.
SUITE A
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report: 02/22/1995
4. FEI Number: 59-3227190 — 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
21 142 S. Courtenay Pkwy.
Suite, Apt. #, etc.
22
City & State
23 Merritt Island, FL
Zip
24 32952-4509 Country 25 Brevard

2a. Mailing Address
26 142 S. Courtenay Pkwy.
Suite, Apt. #, etc.
27
City & State
28 Merritt Island, FL
Zip
29 32952-4509 Country 30 Brevard

9. **Name and Address of Current Registered Agent**
LOWTHER, JOCELYN E
1290 FEDERAL HWY
ROCKLEDGE FL 32955

10. **Name and Address of New Registered Agent**
81 Name: Lowther, Jocelyn E. P.A.
82 Street Address (P.O. Box Numbers Not Acceptable): Cape Royal Bldg.
83 Ste. 605
84 City: Cocoa Beach FL 85 Zip Code: 32931

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 ____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BARNES, JOHN	
STREET ADDRESS	15 S. ATLANTIC AVE., APT. 202	
CITY-ST-ZIP	COCOA BEACH FL 32931	
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		
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		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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)(k), 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: John Barnes — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2/12/96
Daytime Phone #: (407) 454-6300

CR2E034 (12/95)