

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

FILED

Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000015332 (7)**

1. Corporation Name
SUNCOAST PAINT COMPANY

Principal Place of Business

**4200 COMMERCIAL WAY
SPRING HILL FL 34606
US**

Mailing Address

**4200 COMMERCIAL WAY
SPRING HILL FL 34606-2326
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 5135 Commercial Way		26 P. O. Box 1269		02/18/1994	04/11/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 U.S. Hwy 19		27		59-3224825	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Spring Hill, FL		28 Dunnellon, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 34606	25	29 34430	30		

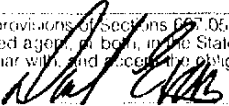
9. Name and Address of Current Registered Agent

**ECCHER, GARY
4050 EAGLES NEST POINT
CRYSTAL RIVER FL 34606**

10. Name and Address of New Registered Agent

81 Name	Dan Evans
82 Street Address (P.O. Box Number is Not Acceptable)	5135 Commercial Way
83	U.S. Hwy 19
84 City	Spring Hill FL
85 Zip Code	34606

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:  (NOTE: Registered Agent signature required when reinstating) DATE: **2-29-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECCHER, JOSEPH A	1.2 NAME	
STREET ADDRESS	5135 COMMERCIAL WAY (U.S. HWY. 19)	1.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECCHER, GARY	2.2 NAME	
STREET ADDRESS	4050 EAGLES NEST POINT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, DANIEL	3.2 NAME	Dan Evans
STREET ADDRESS	4200 COMMERCIAL WAY	3.3 STREET ADDRESS	P. O. Box 1269 N/A
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	Dunnellon, FL 34430
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: **Dan Evans**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)