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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000023292 (3)**

1. Corporation Name
SUNCOAST OF AMERICA, INC.

Principal Place of Business	Mailing Address
3625 DEL PRADO BLVD. CAPE CORAL FL 33904	3625 DEL PRADO BLVD. CAPE CORAL FL 33904

3. Date Incorporated or Qualified: 03/25/1994 | 3a. Date of Last Report: 04/11/1995

2. Principal Place of Business
21 1056 PINE ISLAND RD.
Suite, Apt. #, etc.
22 UNIT # HE
City & State
23 CAPE CORAL FL.
Zip 24 33909 Country 25 LEE

2a. Mailing Address
26 P.O. BOX 150250
Suite, Apt. #, etc.
27
City & State
28 CAPE CORAL FL.
Zip 29 33915 Country 30 LEE

4. FEI Number: 65-0485648 ☐ 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

9. Name and Address of Current Registered Agent

GREEN, BRUCE D
12800 UNIVERSITY DR.
SUITE 600
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: JOHN HORKY
82 Street Address (P.O. Box Number is Not Acceptable): 127 EUCALYPTUS CT.
83
84 City: FT. MYERS BEACH FL 85 Zip Code: 33931

11. Pursuant to the provisions of Sections 607.0502 and 607.1507, 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: JOHN HORKY 1-17-96
(Typed or Printed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	D AYLSWORTH, JOHN T. 1951 S.E. 35TH ST. CAPE CORAL FL ☒ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY, ST, ZIP	P/T/S JOHN HORKY 127 EUCALYPTUS CT. FT. MYERS BEACH, FL 33931 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	D TUZEE, JOHN F. 1938 S. E. 36TH ST. CAPE CORAL FL ☒ DELETE	2 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	D SHAAHINIAN, RENEE T. 111 S. W. 59TH TERR. CAPE CORAL FL ☒ DELETE	3 TITLE / 3 NAME / 3 STREET ADDRESS / 4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	☐ DELETE	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY, ST, ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental 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 added by attachment with an address.

SIGNATURE: JOHN HORKY 1-17-96 8134588411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #