

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000027018**

1. Corporation Name

**FLORIDA SUNCOAST BUILDERS, INC.**

Principal Place of Business

Mailing Address

**10014 N. Dale Mabry Highway Suite 101**

**Tampa, Florida 33618**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**April 8, 1994**

3a. Date of Last Report

**N/A**

2. Principal Place of Business

2a. Mailing Address

**10014 N. Dale Mabry**

**Same**

4. FEI Number

**593241386**

Applied For

☐ Not Applicable

Suite, Apt. #, etc

**Suite 101**

Suite, Apt. #, etc

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

**Tampa, Florida**

City & State

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

**33618**

Country

**U.S.A.**

Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**Richard N. Baber**

**10014 N. Dale Mabry Highway Suite 101**

**Tampa, Florida 33618**

10. Name and Address of New Registered Agent

81. Name

**SAME**

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, 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.

**N/A**

SIGNATURE

Signature (Typed or printed name of registered agent and fee if applicable)

(Typed) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**President**

**Richard N. Baber**

**10014 N. Dale Mabry Suite 101**

**Tampa, Florida 33618**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**Vice President**

**Robert L. Baker**

**10014 N. Dale Mabry Suite 101**

**Tampa, Florida 33618**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**N/A**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

**N/A**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

**400001474614**

**-05/04/95--01002--001**

**\*\*\*\*200.00 \*\*\*\*200.00**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

**N/A**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

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 110.07(3)(A), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

*Richard N. Baber*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

**April 21, 1995**

Date

Signature Page 2

**Richard N. Baber**