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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000041355 (6) DOCUMENT #

SUNCOAST SERVICE CENTRAL, INC.

FILED May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address **7939 BRYAN DAIRY ROAD, #A-**5 7000 BRYAN DAIRY ROAD, #A-6 LARGO-FL-04647 LARGO FL 84647 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/27/1994 2a. Mailing Address FEI Number Applied For 1834 59-3288660 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREENHALGH, HADEN G 7000 BRYAN DAIRY ROAD, #A-5 82 Street Address (P.O. Box Number is Not Acceptable LARGO-FL 34847-83 84 18660 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and the P applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Change Addition TITLE 111TLE **GREENHALGH**, HADEN G NAME 1.2 NAME 7000 BRYAN DAIRY ROAD, #A-5 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP LARGO FL 34647 1.4 CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE GREENHALGH, RUTH ANN NAME 2.2 NAME 7000 BRYAN DAIRY ROAD, #A-5 STREET ADDRESS 2.3 STREET ADDRESS **LARGO FL 34647** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CiTY - ST - ZiP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 empower to to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changes, or on an altage population and officers.