

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000054559 (7)

1. Corporation Name
SUNCOAST GLASS INC.



Principal Place of Business

706 FLAG STREET
TALLAHASSEE FL

Mailing Address

706 FLAG STREET
TALLAHASSEE FL 32311-7405

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

07/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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4. FEI Number

58-3257074

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

BLAISDELL, JAMES
4724 MARSEILLES BLVD.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name BLAISDELL, JAMES

82 Street Address (P.O. Box Number is Not Acceptable)

3814 Wyoming Ct

83

84 City Talla

FL

85 Zip Code 32312

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

Signature typed or printed of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAISDELL, JAMES	1.2 NAME	
STREET ADDRESS	4724 MARSEILLES BLVD.	1.3 STREET ADDRESS	3814 Wyoming Ct
CITY-ST-ZIP	TALLAHASSEE FL 32304	1.4 CITY-ST-ZIP	Talla, FL 32312
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JIMMY	2.2 NAME	
STREET ADDRESS	RT 5 BOX 908	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32311	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA MERRILL	3.2 NAME	DEBRA Merrill Blaisdell
STREET ADDRESS	3214 WYOMING CT	3.3 STREET ADDRESS	3214 Wyoming Ct
CITY-ST-ZIP	TALLAHASSEE FL 32312	3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JOEL FARMER
STREET ADDRESS		4.3 STREET ADDRESS	310 Big Richard Rd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Talla, FL 32310
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)