

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000062686 (8)**

1. Corporation Name

SUNCOAST FINANCIAL SERVICES, INC.



Principal Place of Business

P.O. BOX 1625
STUART FL 34995-1625

Mailing Address

P.O. BOX 1625
STUART FL 34995-1625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1994

2. Principal Place of Business

21 1352 S.W. CEDAR COVE

Suite, Apt. #, etc.

2a. Mailing Address

26 1352 S.W. CEDAR COVE

Suite, Apt. #, etc.

4. FEI Number

59-3264730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

City & State

23 Pt. St. LUCIE, FL

Zip

Country

24 34986

25 St. LUCIE

City & State

28 Pt. St. LUCIE, FL

Zip

Country

29 34986

30 St. LUCIE

9. Name and Address of Current Registered Agent

**BUMBARD, JERRY W
99 S SEWALL'S POINT RD
STUART FL 34996**

10. Name and Address of New Registered Agent

81 Name

BUMBARD, JERRY W.

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

1352 S.W. CEDAR COVE

83

84 City

Pt. St. LUCIE

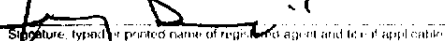
FL

85 Zip Code

34986

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



JERRY W. BUMBARD - PRESIDENT

4-23-98

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD
BUMBARD, JERRY W
P.O. BOX 1625 N/A
STUART FL**

☐ DELETE

TITLE

**VTDS
BUMBARD, LINDA W.
99 S SEWALL'S PT RD
STUART FL**

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1352 S.W. CEDAR COVE
Pt St. LUCIE, FL 34986**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1352 S.W. CEDAR COVE
Pt St LUCIE, FL 34986**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

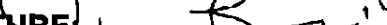
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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



JERRY W. BUMBARD 4-23-98

(54) 874 4597

CR2E034 (10/97)