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

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000071793 (1)**

1. Corporation Name
**DIABETIC SUPPLY FOUNDATION OF SUN COAST, INC.**

Principal Place of Business
12 NORTH HERCULES
CLEARWATER FL 34625
US

Mailing Address
P.O. BOX 8522
CLEARWATER FL 34618
US

3. Date Incorporated or Qualified: 09/29/1994
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21 1038 Hamilton Ave
Suite, Apt. #, etc
22
City & State
23 Tarpon Springs, FL
Zip 24 34689 Country 25 Pinellas

2a. Mailing Address
26 PO Box 1433
Suite, Apt. #, etc.
27
City & State
28 Tarpon Springs, FL
Zip 29 34688 Country 30 Pinellas

4. FEI Number: 59-3269974 ☐ 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
PRIMBS, LISA
12 N. HERCULES AVENUE
CLEARWATER FL 34625

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1038 Hamilton Ave
83
84 City Tarpon Springs, FL FL 85 Zip Code 34689

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 name of registered agent and the date signature — NEW Registered Agent's signature required when resigning — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SAMPLE, DARYL | 1.2 NAME | |
| STREET ADDRESS | 12 N. HERCULES AVENUE | 1.3 STREET ADDRESS | 1038 Hamilton Ave |
| CITY-ST-ZIP | CLEARWATER FL 34625 | 1.4 CITY-ST-ZIP | Tarpon Springs, FL 34689 |
| TITLE | D ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | PRIMBS, LISA | 2.2 NAME | |
| STREET ADDRESS | 12 N. HERCULES AVENUE | 2.3 STREET ADDRESS | 1038 Hamilton Ave |
| CITY-ST-ZIP | CLEARWATER FL 34625 | 2.4 CITY-ST-ZIP | Tarpon Springs, FL 34689 |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is an attachment with an address.

**SIGNATURE:** Lisa Primbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-29-96

Daytime Phone: 813 934-3731

CR2E034 (12/95)