

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000009766 (3)

1. Corporation Name

SUNCOAST FIBER GLASS PLUS, INC.



Principal Place of Business

325 INTERSTATE CT.
SARASOTA FL 34240

Mailing Address

325 INTERSTATE CT.
SARASOTA FL 34240

2. Principal Place of Business

2a. Mailing Address

21 5692 JASON LEE PL
Suite, Apt. #, etc.

26 5692 JASON LEE PL
Suite, Apt. #, etc.

22 City & State

27 City & State

23 SARASOTA, FL

28 SARASOTA, FL

24 Zip 34233

25 Country SARASOTA

29 Zip 34233

30 Country SARASOTA

9. Name and Address of Current Registered Agent

ABRAMS, BRIAN M
325 INTERSTATE CT.
SARASOTA FL 34240

3. Date Incorporated or Qualified
02/06/1995

3a. Date of Last Report

4. FEI Number

59-3293070

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

10. Name and Address of New Registered Agent

81 Name

Brian M. Abrams

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

5692 JASON LEE PL

83

84 City

SARASOTA

FL

85 Zip Code 34233

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

Brian M. Abrams President

2-27-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CALEB B. SWINK
420 GOLFENATE POINT APT 16
SARASOTA, FL 34236

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
BRIAN M. ABRAMS
2182 CLEMATIS ST.
SARASOTA, FL 34239

☐ 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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 on an attachment with an address.

SIGNATURE:

Brian M. Abrams Brian M. Abrams

2-27-96 (941) 927-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)