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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000020854 (2)

1. Corporation Name

SUNCOAST INFORMATION NETWORK, INC.



Principal Place of Business

Mailing Address

~~2462 SADDLEWOOD~~
~~PALM HARBOR FL 34685~~

~~2462 SADDLEWOOD~~
~~PALM HARBOR FL 34685~~

424 Cypress View Dr.

424 Cypress View Dr.

OLDSMAR, FLA 34677

OLDSMAR, FLA 34677

2. Principal Place of Business

2a. Mailing Address

21 424 CYPRESS VIEW DR

26 424 CYPRESS VIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 OLDSMAR, FLORIDA

28 OLDSMAR, FLORIDA

Zip

Country

Zip

Country

24 34677

25 USA

29 34677

30 DSA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1995

4. FEI Number

Applied For

59-3305408

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELLERY, PHILIP J
2462 SADDLEWOOD
PALM HARBOR FL 34685

81 Name

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

424 CYPRESS VIEW DR

83

84 City

OLDSMAR

FL

85 Zip Code

34677

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 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 ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME ELLERY, PHILIP J
STREET ADDRESS 2462 SADDLEWOOD
CITY-ST-ZIP PALM HARBOR FL 34685

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

424 CYPRESS VIEW DR.
OLDSMAR, FLORIDA 34677

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-ST-ZIP

2.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 or on an attachment with an address.

SIGNATURE

Philip J. Ellery, Secretary of State, 415 E. 1st St., Tallahassee, FL 32301

CR2E034 (10/97)