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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 30 1997 8:00am

Secretary of State

2E034

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000027582 (2)

SUNCOAST EQUIPMENT CENTER, INC.

Mailing Address Principal Place of Business 6918 U.S. HIGHWAY 19 6918 U.S. HIGHWAY 19 NEW PORT RICHEY FL 34652-1745 NEW PORT RICHEY FL 34852 3a. Date of Last Report 3. Date Incorporated or Qualified 04/03/1995 03/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0584681 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Žιρ Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 Florida Statutes 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RUBIA, RAYMONO W 6918 U.S. HIGHWAY 19 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34652** 83 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE RUBIA, RAYMOND W 1.2 NAME NAME 6918 U.S. HIGHWAY 19 1.3 STREET ADDRESS STREET ADDRESS **NEW PORT RICHEY FL 34652** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAMÉ 3.2 NAME 33 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 41 TITLE TITLE 4.2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

SIGNATURE:

14. I do hereby certify that the information supplied with this

I am an officer or director of the corpo appears in Block 12 or Block 13

information indicated on this annual report a supplem

STREET ADDRESS

CITY-ST-ZIP

mond W. Rubia 1/23/97 (813)842-8618
Delection

g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

and annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name achment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP