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FILED
Apr 14 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 # **P95000036126 (7)**

1. Corporation Name

SUNCOAST TONER CARTRIDGE, INC.



Principal Place of Business

Mailing Address

**7833 CLARK MOODY BLVD
PT RICHEY FL 34668**

**7833 CLARK MOODY BLVD
PT RICHEY FL 34668**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 5441 Provost Dr

Suite, Apt. #, etc.

22

Holiday FL

City & State

34690

Zip

Country

Pasco

25

2a. Mailing Address

26 5441 Provost Dr.

Suite, Apt. #, etc.

27

Holiday FL

City & State

34690

Zip

Country

Pasco

30

3. Date Incorporated or Qualified

05/03/1995

4. FEI Number

59-3310988

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 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

**MARLOWE, RUSSELL G
8514 STATE RD 54
NEW PORT RICHEY FL 34653**

81 Name

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

83

84 City

FL

85 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

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 **DP** ☐ DELETE

NAME **WAGNER, PETER**
STREET ADDRESS **2147 COLUSA COURT**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE **DT** ☐ DELETE

NAME **MIKLOS, STEVE**
STREET ADDRESS **6725 RIVER RD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **DS** ☐ DELETE

NAME **THOMPSON, JOHN F**
STREET ADDRESS **5814 TAYWOOD DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(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.

CR2E034 (10/97)