

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000036126**

1. Corporation Name

**SUNCOAST TONER CARTRIDGE, INC.**

Principal Place of Business

**5441 PROVOST DR  
HOLIDAY FL 34690  
US**

Mailing Address

**5441 PROVOST DR  
HOLIDAY FL 34690  
US**

**FILED**  
**Feb 18, 1999 8:00 am**  
**Secretary of State**

02-18-1999 90013 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**28** City & State

**29** Zip

**30** Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **DP**  
**WAGNER, PETER**  
STREET ADDRESS **2147 COLUSA COURT**  
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NAME **DS**  
**THOMPSON, JOHN F**  
STREET ADDRESS **5814 TAYWOOD DRIVE**  
CITY-ST-ZIP **TAMPA FL 33624**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)