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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90096 001 ***150.00



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DOCUMENT # P95000044321 1. Corporation Name
SUNCOAST BUSINESS COMMUNICATIONS, INC.
dea SLACOAST WIRELES

Principal Place of Business 677 N WASHINGTON BLVD Mailing Address

677 N WASHINGTON BLVD SARASOTA FL 34236

SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/31/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3322937 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Zip Zip 8. This corporation owes the current year Intangible ☐ Yes LINO. 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GRANGER, RICHARD 82 Street Address (P.O. Box Number is Not Acceptable) 677 N WASHINGTON BLVD SARASOTA FL 34236 83 Zip Code 85 84 City 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. hereby accept the appointment as registered agent. I am facilitar with and accept the obligations of, Section 607:0505, Florida Statutes. 4/30/99 RAD RICKARD A. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1.1 TITLE TITLE CR2E034 GRANGER, RICHARD 12 NAME NAME 677 N WASHINGTON BLVD 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 1.4 CITY-ST-ZIP CITY-\$T-ZIP Change Addition ☐ DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 31TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 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 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE:

hange Kichard A. Conargen President 4/30/99 (941) 952-5876