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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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May 16 1997 8:00am

Secretary of State

6/97 813/681-9335 XZ4

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000056938 (0)

SUNCOAST RESIDENTIAL CONSTRUCTION, INC.

Mailing Address Principal Place of Business 4418 W. VASCONIA ST 4418 W VASCONIA ST TAMPA FL 33629-8326 TAMPA FL 33629 211 3a. Date of Last Report 3. Date Incorporated or Qualified 07/21/1995 07/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3323232 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 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 28 23 Country Country Zιο Zip This corporation has liability for intangible tax under s. 199.032, X No Yes 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCHEITLIN, GEORGE E JR. 4418 W. VASCONIA ST 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33629** 83 84 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, typechoc printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. **PVTS** Change Addition DELETE 1.1 TITLE TITUE SCHEITLIN, GEORGE JR 1.2 NAME NAME 4418 W. VASCONIA ST 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CiTY - ST - ZiP CHY-SI-Addition DELETE Change TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY: \$1-2P ☐ Change Addition DELETE 3.1 TITLE THEF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY - ST-ZIP CH1Y - \$1 - 20F Addition DELETE Change 4.1 TITLE Title 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS ODY SI AP 4.4 CITY-ST-ZIP Addition Change DELETE DILLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY ST-ZI DELETE Change Addition **61 TITLE** THLE NAME 6.2 NAME STREET AUDRESS **6.3 STREET ADDRESS**

14. If do 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