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FILED

May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000079984 (6)

1. Corporation Name

SUCOL, INC.



Principal Place of Business

6565 WEST STATE ROAD HIGHWAY 44
CRYSTAL RIVER FL 34429

Mailing Address

6565 WEST STATE ROAD HIGHWAY 44
CRYSTAL RIVER FL 34429

3. Date Incorporated or Qualified

09/25/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

59 3405755

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

LANGAN, DAVID C
101 KENNEDY BLVD
SUITE 1818, BARNETT PLAZA
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name LANIGAN, DAVID C
82 Street Address (P.O. Box Number is Not Acceptable)
15907 Windover Rd.
83
84 City Tampa FL 85 Zip Code 33647

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D/S	FLANAGAN, PATRICK J	3499 NW 97TH BLVD, #17	GAINESVILLE FL 32606	<input type="checkbox"/>
	Susan Rapelye	9 N. Fillmore	Beverly Hills, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Susan Rapelye	9 N. Fillmore St.	Beverly Hills, FL 34465	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	Colleen A. Burkhardt	4 N. Barbour St.	Beverly Hills, FL 34465	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Michael E. Flanagan	3499 NW 97th Blvd, #17	Gainesville FL 32606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Colleen A. Burkhardt 5/28/97 352-563-5944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)