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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000097141 (1)

ALL SUNCOAST INC.

Principal Place of Business

Mailing Address

7921 GILLIAM ROAD

POST OFFICE BOX 204

## **FILED** May 05 1998 8:00am Secretary of State



CLARCONA FL	. 32710	CLARCONA FL 32710		DO NOT WRITE IN THIS SP	ACE
				3. Date incorporated or Qualified	ACE
				12/02/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 23211	S. Dewey Rubbins Rd.	26 23211 5. Dew	ey Robbins	Rd. 59-3403039	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,		\$8.75 Additional
City & State	3	City & State			Fee Required
23 Howey, FL.		28 Howey, FL.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	8. This corporation owes or has paid the curren	
24 3473		29 347 <i>37</i> 3	O LAKE	Personal Property Tax due June 30.	Yes No
	Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Registered Ag	ent
SCOTT, MARGARET			I I IM	ARGARET Scott	
7921 GILLIAM ROAD CLARCONA FL 32710			82 Street A	ddress (P.O. Box Number is Not Acceptable) 11 S. Dewey Robbins Rd.	
CLA	INCONA FL 327 IU		83	II S. Dewey ROBBINS RO.	
			84 City	mev. FL.	85 Zip Code 34737
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.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	margaret Scott I Stonether, type or pointed name of registered against	OTS MARGARE	T SCOTT Registered Agent signature re	equired when reinstating)  DATE	<u>-98  </u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	PTS	☐ DELETE	1.1 TITLE		Change Addition
NAME	SCOTT, MARGARET		1.2 NAME		
STREET ADDRESS	7921 GILLIAM RD CLARCONA FL		1.3 STREET ADDRESS	•	Į.
CITY-ST-ZIP TITLE	ODANOUNA FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELET <b>E</b>	3.1 1111.6		Change Addition
NAME		•	3.2 NAME		],
STREET ADDRESS			3.3 STREET ADDRESS	•	ľ
CITY-ST-ZIP TITLE		DLLETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME	_	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREFT ADDRESS		
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition
NAME		[ Detert	62 NAME	_	J change Last Addition
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	<del></del>				

14. Thereby 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 13 if changed, or on an attachment with an address.