

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90209 043 ***150.00

DOCUMENT # P97000016304

1. Corporation Name

SUNCOAST EXPRESSIONS, INC.

Principal Place of Business

33295 U.S. 19 NORTH
PALM HARBOR FL 34684

Mailing Address

2658 MCMULLEN BOOTH ROAD
#329
CLEARWATER FL 33761
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1997

4. FEI Number

65-0731240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 33295 US 19 NORTH

22 City & State

27 City & State

23 Zip

Country

28 PALM HARBOR, FL

Country

24

25

29 34684

30

USA

9. Name and Address of Current Registered Agent

RAMON CARRION, P.A.
28100 U.S. 19 NORTH #502
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

STEPHEN CONSTERDINE

82 Street Address (P.O. Box Number is Not Acceptable)

33295 U.S. 19 NORTH

83

84 City

PALM HARBOR

FL

85 Zip Code

34684

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

S. [Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

17th April 1999

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME CONSTERDINE, JULIE
STREET ADDRESS 2658 MCMULLEN BOOTH ROAD #329
CITY-ST-ZIP CLEARWATER FL 33761

TITLE D ☐ DELETE

NAME CONSTERDINE, STEVE
STREET ADDRESS 2658 MCMULLEN BOOTH RD. #329
CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

33295 US 19 NORTH
PALM HARBOR, FL 34684

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33295 U.S. 19 NORTH
PALM HARBOR, FL 34684

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:

S. [Signature] STEPHEN CONSTERDINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17th April 1999 (727) 787 2869

Date

Daytime Phone #

CR2E034 (1/198)