

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

FILED  
Jun 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Andrea B. Mortham Secretary DIVISION OF CORPORATIONS
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DOCUMENT # P97000041043 (5)

1. Corporation Name  
COAST 2 COAST SUNCARE, INC.

Principal Place of Business

5325 ROCKBOURNE CT.  
ORLANDO FL 32812

Mailing Address

5325 ROCKBOURNE CT.  
ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1997

4. FEI Number

59-3444494

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 5673 Vineland Road

Suite, Apt. #, etc.

22

City & State

23 Orlando, Florida 32819

Zip

Country

24

2a. Mailing Address

26 5673 Vineland Road

Suite, Apt. #, etc.

27

City & State

28 Orlando, Florida 32819

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

81 Name

Mr. Dale Jones

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

# 6 Pear Tree Place 5673 VINELAND RD

83

ORLANDO, FL 32819

84 City

ORLANDO

Little Rock, Ark

FL

85

Zip Code

72209-32819

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

Dale Jones

Signature, typed or printed name of registered agent and the filing fee

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME  
D HALE, RON  
STREET ADDRESS  
5325 ROCKBOURNE CT.  
CITY-ST-ZIP  
ORLANDO FL 32812

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

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  
Sec/Treas  
Dale Jones  
# 6 Pear Tree Place  
Little Rock, Ark. 72209

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
CEO  
Mr. Larry Sturdivant  
# 6 Pear Tree Place  
Little Rock, Ark. 72209

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.

SIGNATURE

Dale Jones

CR2E034 (10/97)