

3-25-98 B 3687 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000053437 (4)**

1. Corporation Name

SUNCOAST INSTITUTE OF TECHNOLOGY, INC.



Principal Place of Business

Mailing Address

**610 47TH AVENUE NORTH
ST. PETERSBURG FL 33703**

**P.O. BOX 22481
ST. PETERSBURG FL 33742**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1997

4. FEI Number

39-3414203

Applied For

Not Applicable

2. Principal Place of Business

21 9340 N. Florida Ave.

2a. Mailing Address

26 9340 N. Florida Ave.

Suite, Apt. #, etc.

22 Suite A

Suite, Apt. #, etc.

27 Suite A

City & State

23 Tampa, Florida

City & State

28 Tampa, Florida

Zip

24 33612

Country

25 Hills.

Zip

29 33612

Country

30 Hills.

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

9. Name and Address of Current Registered Agent

**GILBERT, JONATHAN S
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME PARRAMORE, JOSEPH S
STREET ADDRESS 610 47TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33703**

TITLE ☐ DELETE

**D
NAME SWANK, GERALD E
STREET ADDRESS 610 47TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33703**

TITLE ☒ DELETE

**D
NAME DISPENNETTE, SHIRLEY
STREET ADDRESS 1028 REDBUD CIRCLE
CITY-ST-ZIP PLANT CITY FL 33560**

TITLE ☒ DELETE

**D
NAME VARGAS, HERMES
STREET ADDRESS 1540 PORTSMOUTH LAKE DRIVE
CITY-ST-ZIP BRANDON FL 33511**

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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.

CR2E034 (10/97)

985-9133