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 # P97000067070 (7)

SUNCOACH TRANSPORTATION, INC.

Principal Place of Business

Mailing Address

FILED Jun 18 1998 8:00am Secretary of State



| C/O JEFFERSON F. RIDDELL. ESO. 3400 S TAMIAMI TRAIL SARASOTA FL 34239 | | | 3 | C/O JEFFERSON F. RIDDELL, ESO. 3400 S TAMIAMI TRAIL SARASOTA FL 34239 | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified |
|--|------------------------------------|--------------|------|---|--------|-----------------------|-----------------|--|
| 9 Osinginal D | lloop of Dunie | | | 1 0 Mailin Add | | | | 08/01/1997 |
| 2. Principal P | riace of Busin | 1055 | | 2a. Mailing Address | | | | 4. FEI Number Applied For 65-0773379 Not Applicable |
| 21 Suite Act # etc | | | | Suite, Apt. #, etc. | | | | (to reprisable |
| Suite, Apt. #, etc. | | | | 27 | | | | Certificate of Status Desired See Required Fee Required |
| City & State 23 | State | | | City & State | | | | 6. Election Campalgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | | Country | | Ζφ | Co | untry | | 8. This corporation owes or has paid the current year Intangible |
| 24 | | 25 | 29 | - ··· | 30 | | | Personal Property Tax due June 30. Yes No |
| 9. Name and Address of Current Registered Agent | | | | | | | | 10. Name and Address of New Registered Agent |
| | ddell, jefi | | | | | B1 | Name | me |
| 3400 So uth Tamiami Trail Sara s ota Fl 34239 | | | | | | 82 | | |
| | | | | | | | | |
| | | | | | | 83 | | |
| | | | | | | 84 | City | 85 Zip Code |
| | | | | | | | _ | FL T T T T T T T T T |
| 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 practed name of regelment agost and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | DP DELETE | | | 1.1 T | ITLE | | Change Addition | |
| NAME | FILIP | PELLI, FRANK | J. | 27 / 4 | 12 N | AME | | |
| STREET ADDRESS | P. O. BOX 6202 | | | ' N/A | | 1.3 STREET ADDRESS | | ss |
| CITY-ST-ZIP | Saras | ota, FL 342 | 78 | | 140 | ITY-S | T-ZIP | |
| TITLE | S | <u> </u> | · | DELETE | 217 | | | Change Addition |
| NAME | FILIPPELLI, ANTHONY P. O. Box 6202 | | | 27.64 | 2.2 N | AME | | |
| STREET ADDRESS | | | | N/A | | TREET | ADDRESS | ss |
| CITY-ST-ZIP | Sarasota, FL 34278 | | | | | ITY-S | T-ZIP | |
| TITLE | Ť | | | DELETE | 3.1 10 | TLE | | Change Addition |
| NAME | FILIPPELLI, DANIEL P. O. Box 6202 | | | A. N/A | | ame | | |
| STREET ADDRESS | | | | | | TREET. | ADDRESS | ss |
| CITY - ST - ZIP | Sarasota, FL 34278 | | | | | 3.4. CITY - ST - ZIP | | |
| TITLE | V | | | ☐ DELETE | | 4.1 TITLE | | Change Addition |
| NAME | | PPELLI, DAVI | D A. | | 4.21 | IAME | | |
| STREET ADDRESS | | Box 6202 | | N/A | 4.3 S | TREET | ADDRESS | ss |
| CITY-ST-ZIP | Saras | ota, FL 34 | 278 | | 4.4 C | 17-SI | - 7IP | |
| TITLE | | | | ☐ DELETE | 5,1 TI | TLE | | Change Addition |
| NAME | | | | | 5.2 N | AME | | |
| STREET ADDRESS | | | | | 5.3 S | IREET . | address. | ss |
| CITY-ST-ZIP | | | | | 5.4 C | TY-\$1 | - ZIP | |
| TATLE | ME | | | ☐ DELETE | | 6.1 TITLE 6.2 NAME | | Ghange Addition |
| NAME | | | | | | | | -06/19/98 01107030 Addition |
| STREET ADDRESS | | | | | | REET | ADDRESS | s ***150.00 |
| CITY-ST-ZIP | and the second | | | | | TY-\$1 | | <u> </u> |
| 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 attribute with an address. | | | | | | | | |