

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 07, 1999 8:00 am  
Secretary of State

04-07-1999 90116 010 \*\*\*150.00

DOCUMENT # P97000067070

1. Corporation Name

SUNCOACH TRANSPORTATION, INC.

Principal Place of Business

C/O JEFFERSON F. RIDDELL. ESQ.  
3400 S TAMiami TRAIL  
SARASOTA FL 34239

Mailing Address

C/O JEFFERSON F. RIDDELL. ESQ.  
3400 S TAMiami TRAIL  
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1997

4. FEI Number

65-0773379

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

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

P.O. Box 6202

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34278

Country

USA

9. Name and Address of Current Registered Agent

RIDDELL, JEFFERSON F  
3400 SOUTH TAMiami TRAIL  
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name Frank J. Filippelli

82 Street Address (P.O. Box Number is Not Acceptable)  
101 Ben Franklin Drive #35

83

84 City Sarasota

FL

85 Zip Code  
34236

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

*Frank J. Filippelli*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*April 1, 1999*

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME FILLIPPELLI, FRANK J  
STREET ADDRESS P.O. BOX 6202 ((N/A))  
CITY-ST-ZIP SARASOTA FL 34278

TITLE S ☐ DELETE

NAME FILLIPPELLI, ANTHONY L  
STREET ADDRESS P.O. BOX 6202 ((N/A))  
CITY-ST-ZIP SARASOTA FL 34278

TITLE T ☐ DELETE

NAME FILLIPPELLI, DANIEL A  
STREET ADDRESS P.O. BOX 6202 ((N/A))  
CITY-ST-ZIP SARASOTA FL 34278

TITLE V ☐ DELETE

NAME FILLIPPELLI, DAVID A  
STREET ADDRESS P.O. BOX 6202 ((N/A))  
CITY-ST-ZIP SARASOTA FL 34278

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, with all other like empowered.

SIGNATURE:

*Frank J. Filippelli*

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

*April 1, 1999*

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