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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073379

1. Corporation Name
SUNCOAST FREIGHT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: ~~1603 WINBURN DR. S. SUITE 1003 SARASOTA FL 34236~~

Mailing Address: ~~1603 MAIN STREET SUITE 1003 SARASOTA FL 34236~~

3. Date Incorporated or Qualified: 08/25/1997

4. FEI Number: 65-0776200 Applied For: Not Applicable

5. Certificate of Status Desired: \$18.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$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: 21 16031 Winburn Dr. S. 22 Sarasota, Florida 23 34240 USA

2a. Mailing Address: 26 16031 Winburn Dr. S. 27 Sarasota, Florida 28 34240 USA

8. Name and Address of Current Registered Agent: GOLDSMITH, STANLEY A, 1605 MAIN STREET SUITE 1001 SARASOTA FL 34236

10. Name and Address of New Registered Agent: 81 Name: Irwin, Ed. 82 Street Address: 4911 14th St. W. Suite 103 83 84 City: Bradenton, FL 85 Zip Code: 34209

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: *Edwin J. Irwin* DATE: 4-19-99

12. OFFICERS AND DIRECTORS

TITLE	DPAS	<input type="checkbox"/> DELETE
NAME	GINGERICH, DONALD L.	
STREET ADDRESS	1323 FRANCIS AVENUE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	GINGERICH, CHERYL A.	
STREET ADDRESS	1323 FRANCIS AVENUE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P, AS, AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GINGERICH, DONALD L.	
1.3 STREET ADDRESS	16031 WINBURN DR. S.	
1.4 CITY-ST-ZIP		
2.1 TITLE	D, VP, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GINGERICH, CHERYL A.	
2.3 STREET ADDRESS	16031 WINBURN DR. S.	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donald L. Gingerich* DATE: 4-1-99 DAYTIME PHONE #: 941-322-8857

CR2004 (11/98)