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Mar 06, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000074182

1. Corporation Name
SUNCOAST PARTNERS, INC.

Principal Place of Business

**150 - 2ND AVENUE NORTH
SUITE 1170
ST. PETERSBURG FL 33701**

Mailing Address

**150 - 2ND AVENUE NORTH
SUITE 1170
ST. PETERSBURG FL 33701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

APPLIED FOR 59-3518895

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3950 3rd ST. N.

2a. Mailing Address

26 3950 3rd ST. N.

Suite, Apt. #, etc.

22 UNIT D

Suite, Apt. #, etc.

27 UNIT D

City & State

23 ST. Petersburg, FL

City & State

28 ST. Petersburg, FL

Zip

24 33703 25 USA

Zip

29 33703 30 USA

9. Name and Address of Current Registered Agent

MONROE, PETER H

745 PINTA DRIVE 115 112TH AVE., N.E., #921

TIERRA VERDE FL 33745 St. Petersburg, FL 33716

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Peter H. Monroe

2/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
MONROE, PETER H

STREET ADDRESS **745 PINTA DRIVE**

CITY-ST-ZIP **TIERRA VERDE FL 33745**

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

**115 112TH AVE., N.E. #921
ST. Petersburg, FL 33716**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *Peter H. Monroe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter H. Monroe

Date

Daytime Phone #

2/12/99 (727) 898-4810

CR2E034 (1/98)