

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90025 019 ***150.00

DOCUMENT # P98000031225

1. Corporation Name

SUNCOAST BANCORP, INC.

Principal Place of Business

5922 CATTLEMEN RD
SUITE 202
SARASOTA FL 34232

Mailing Address

5922 CATTLEMEN RD
SUITE 202
SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1998

4. FEI Number

65-0827141

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 ☒

9. Name and Address of Current Registered Agent

STAFFORD, JOHN T
5922 CATTLEMEN RD.
SUITE 202
SARASOTA FL 34232

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 D
NAME STAFFORD, JOHN T
STREET ADDRESS 5922 CATTLEMEN ROAD, SUITE 202
CITY-ST-ZIP SARASOTA FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/S/T/D
1.2 NAME WILLIAM F GNERRE
1.3 STREET ADDRESS 511 W LAKE DR.
1.4 CITY-ST-ZIP SARASOTA, FL 34232

2.1 TITLE D
2.2 NAME LARRY BERBERICH
2.3 STREET ADDRESS 3400 LOSILLAS DR.
2.4 CITY-ST-ZIP SARASOTA, FL 34238

3.1 TITLE D
3.2 NAME DR. HENRY BLACK
3.3 STREET ADDRESS 56 RAYHEAD LANE
3.4 CITY-ST-ZIP OSPREY, FL 34229

4.1 TITLE D
4.2 NAME H. R. FOXWORTHY
4.3 STREET ADDRESS 7200 CHAMELEON WAY
4.4 CITY-ST-ZIP SARASOTA, FL 34241

5.1 TITLE D
5.2 NAME JAMES C. RUTLEDGE
5.3 STREET ADDRESS 7500 MIDNIGHT ARCS RD.
5.4 CITY-ST-ZIP SARASOTA, FL 34242

6.1 TITLE D
6.2 NAME STANLEY A. WILLIAMS
6.3 STREET ADDRESS 4808 PERIGRINE PT CIRCLE WEST
6.4 CITY-ST-ZIP SARASOTA, FL 34231

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:

WILLIAM F. GNERRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

(941) 377 9653

Daytime Phone #

CR2E034 (1/1/98)