

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 07 1996 8:00 am  
Secretary of State

DOCUMENT # S19108 (7)

1. Corporation Name

SUNCOAST MEDIA, INC.

Principal Place of Business

Mailing Address

12551 INDIAN ROCKS RD  
STE 15  
LARGO FL 34644  
US

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STE 15  
LARGO FL 34644  
US

3. Date Incorporated or Qualified  
12/13/1990

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 10035 108th St N

26 PO Box 990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Seminole FL

27 City & State  
28 Largo FL

24 Zip Country  
34642 USA

29 Zip Country  
34649 USA

4. FEI Number  
59-3042895

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GRAHAM, PETER D.  
5200 CENTRAL AVE  
ST PETERSBURG FL 33707

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 of person authorized to file this report (agent or incorporator, if applicable)

(The Registered Agent signature is required when filing a statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME STUART, DAW  
STREET ADDRESS 8977 ST ANDREWS DR  
CITY-ST-ZIP SEMINOLE FL

TITLE VTD ☒ DELETE

NAME CONNOLLY, DOUGLAS  
STREET ADDRESS 1540 GULF BLVD, #1602  
CITY-ST-ZIP CLEARWATER FL

TITLE ASD ☒ DELETE

NAME CONNOLLY, WENDY  
STREET ADDRESS 1540 GULF BLVD, #1602  
CITY-ST-ZIP CLEARWATER FL

TITLE S ☐ DELETE

NAME CASEY, BARBARA  
STREET ADDRESS 10035 108TH ST N  
CITY-ST-ZIP SEMINOLE FL

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

11 TITLE VP/D ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE President? + Director

42 NAME Secretary

43 STREET ADDRESS

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Casey

BARBARA CASEY

7/15/96

8133939908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

By

Display Phone #

CRZE034 (3/96)