

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

DOCUMENT # V25061

(5)

SUNCOAST LIFT TRUCK SERVICE, INC.

FILED
JULY-1 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3760 CORTEZ ROAD WEST
BRADENTON FL 34210

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BRADENTON FL 34210

DO NOT WRITE IN THIS SPACE

2. Principal Office Location
21. 207 30TH AVE W.
22. #2 UNIT
23. BRADENTON, FL.
24. 34205
25. MANATEE
26. P.O. Box 11467
27. BRADENTON, FL
28. 34282-1467
29. MANATEE
30. MANATEE

3. Date of Incorporation (2 months)
04/01/1992
3a. Date of Last Report
05/01/1994
4. FIC Number
65-0316432
5. Certificate of Status, Renewed
\$8.75 Additional
Fee Required
6. Election Campaign Financing
Report Filed (check box)
\$5.00 May Be
Added to Fees
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. () Yes () No

9. Name and Address of Current Registered Agent

FELDMAN, MARC H.
3908 26TH STREET WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81. Name
DAVID PAUL MONTGOMERY, ESQ
82. Street Address, (P.O. Box Number is Not Acceptable)
2103 MANATEE AVE W.
83.
84. City
BRADENTON
85. State
FL
86. Zip
34205

11. I, the undersigned, the president or the secretary of the corporation, certify that the above information is true and correct to the best of my knowledge and belief, and that the corporation is in good standing with the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

12. OFFICERS AND DIRECTORS
D
THOMAS, FRANK H.
3711 23RD AVENUE WEST
BRADENTON FL
D
THOMAS, PATRICIA L.
3711 23RD AVENUE WEST
BRADENTON FL

13. ADDITIONAL OFFICERS, DIRECTORS, AND EMPLOYEES
V
LITEN, HARRY J.
614 27TH AVE W.
BRADENTON, FL 34205

14. I, the undersigned, certify that the information provided on this form is true and correct to the best of my knowledge and belief, and that the corporation is in good standing with the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE: Patricia L Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (813) 747-8186