FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR 23 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36773 (2)

1. Corporation Name
SUNCOAST PRODUCTS, INC.

Principal Place of Business	Mailing Address
2235 NURSERY ROAD CLEARWATER FL 34621	2235 NURSERY ROAD CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/14/1992
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21 2235 Nursery Rd.
22 Suite, Apt. #, etc.
23 City & State: CLEARWATER, FL.
24 Zip: 34624 25 Country: U.S.A

2a. Mailing Address
26 2235 Nursery Rd
27 Suite, Apt. #, etc.
28 City & State: CLEARWATER, FL.
29 Zip: 34624 30 Country: USA

4. FEI Number: 59-3126543 ☐ 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

9. Name and Address of Current Registered Agent

PISANO, EUGENE
310 W. BAY DR.
LARGO FL 34640
Delete

10. Name and Address of New Registered Agent

91 Name: TONY PASQUINE
92 Street Address (P.O. Box Number is Not Acceptable): 2235 Nursery Rd.
93
94 City: CLEARWATER FL 95 Zip Code: 34624

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: Tony Pasquine 3/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☒ Addition
NAME	KUCEK, JANICE	1.2 NAME	JACK KUCEK
STREET ADDRESS	2268 PALMETTO DR.	1.3 STREET ADDRESS	2268 PALMETTO DR.
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	CLEARWATER, FL.
TITLE	D	2.1 TITLE	☐ Change ☒ Addition
NAME	PISANO, EUGENE Delete	2.2 NAME	ANTHONY D. PASQUINE
STREET ADDRESS	3194 CRESCENT DR.	2.3 STREET ADDRESS	7550 BELCHER RD. S. #313
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	CLEARWATER, FL. 34624
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PASQUINE, TONY	3.2 NAME	
STREET ADDRESS	1750 LUCRETIA DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GIRARD OH	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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, added or deleted.

SIGNATURE: Tony Pasquine 3/20/95 813-535-8635
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0359211 CP