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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # F01525 (7)

1. Corporation Name
SUN 'N FIRE, INC.

Principal Place of Business: **415 MAGNOLIA AVE AUBURNDALE FL 33823**

Mailing Address: **415 MAGNOLIA AVE P.O. BOX 1505 AUBURNDALE FL 33823**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/03/1980** 3a. Date of Last Report: **04/20/1994**

4. FEI Number: **59-2031611** 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

2. Principal Place of Business

2a. Mailing Address: **P.O. Box 1505**

21. Suite, Apt. #, etc.

22. Suite, Apt. #, etc.

23. City & State: **Auburndale FL**

24. Zip: **33823** 25. Country: **USA**

29. Zip: **33823** 30. Country: **USA**

9. Name and Address of Current Registered Agent: **NICHOLAS, E. A. (MR.) 415 MAGNOLIA AVE AUBURNDALE FL 33823**

10. Name and Address of New Registered Agent

81. Name: **NICHOLAS, E. A. JR.**

82. Street Address (P.O. Box Number is Not Acceptable): **5409 SOUTH FLORIDA AVENUE**

83. City: **LAKELAND** 85. Zip Code: **FL 33813**

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: *E.A. Nicholas Jr* **E.A. NICHOLAS JR President** **4/3/95**

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: PVS	NAME: NICHOLAS, E A	1. TITLE: PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 415 MAGNOLIA AVE	CITY, ST, ZIP: AUBURNDALE FL	12. NAME: NICHOLAS, E. A. JR	
		13. STREET ADDRESS: 5409 South Florida Avenue	
		14. CITY, ST, ZIP: LAKELAND FL 33813	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T	NAME: NICHOLAS, E A	2.1. TITLE:	
STREET ADDRESS: 415 MAGNOLIA AVE	CITY, ST, ZIP: AUBURNDALE FL	2.2. NAME: NICHOLAS, Elena K.	
		2.3. STREET ADDRESS: 5409 South Florida Avenue	
		2.4. CITY, ST, ZIP: LAKELAND FL 33813	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.1. TITLE:	
STREET ADDRESS:	CITY, ST, ZIP:	3.2. NAME:	
		3.3. STREET ADDRESS:	
		3.4. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.1. TITLE:	
STREET ADDRESS:	CITY, ST, ZIP:	4.2. NAME:	
		4.3. STREET ADDRESS:	
		4.4. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	5.1. TITLE:	
STREET ADDRESS:	CITY, ST, ZIP:	5.2. NAME:	
		5.3. STREET ADDRESS:	
		5.4. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.1. TITLE:	
STREET ADDRESS:	CITY, ST, ZIP:	6.2. NAME:	
		6.3. STREET ADDRESS:	
		6.4. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 in an attachment with an address.

SIGNATURE: *E.A. Nicholas Jr* **E.A. NICHOLAS JR** **3/19/95** **(813) 646-9285**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR