

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P93000003408 (0)

1. Corporation Name

PLACE IN THE SUN OF S.W. FLORIDA, INC.



Principal Place of Business

**1249 BEACH RD.
UNIT A
ENGLEWOOD FL 34223
US**

Mailing Address

**1249 BEACH RD.
UNIT A
ENGLEWOOD FL 34223
US**

3. Date Incorporated or Qualified

01/11/1993

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

21 **6946 Sunnybrook Blvd**

State, Apt. #, etc.

22 **Unit B**

City & State

23 **Englewood, FL**

Zip

Country

US

24 **34223**

25 **CHARLOTTE**

2a. Mailing Address

26 **6946 Sunnybrook Blvd**

State, Apt. #, etc.

27 **Unit B**

City & State

28 **Englewood, FL**

Zip

Country

US

29 **34223**

30 **CHARLOTTE**

4. FET Number

65-0382897

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

**THREADGOLD, STUART
1249 BEACH ROAD
UNIT A
ENGLEWOOD FL 34223**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6946 Sunnybrook Blvd

83 Unit B

84 City

Englewood

FL

85 Zip Code

34223

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 Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	THREADGOLD, STUART	
STREET ADDRESS	713 ROTONDA CIRCLE	
CITY-STATE-ZIP	ROTONDA WEST FL	
TITLE	D	☐ DELETE
NAME	THREADGOLD, CHRISTINE	
STREET ADDRESS	713 ROTONDA CIRCLE	
CITY-STATE-ZIP	ROTONDA WEST FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	91 PINCHURST COURT
1.4 CITY-STATE-ZIP	ROTONDA WEST FL 33941
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	91 PINCHURST COURT
2.4 CITY-STATE-ZIP	ROTONDA WEST FL 33941
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(c), 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 registered or postpaid 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 addition with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STUART A. THREADGOLD

02/07/96 941.475-3714
Date Date Phone #

CR2E034 (12/95)