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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 24 1997 8:00am
Secretary of State

DOCUMENT # **L58445**

(2)

1. Corporation Name

SUNDOWN CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

% DENNIS P ELDRED
4108 SE 9TH CT
CAPE CORAL FL 33904

% DENNIS P ELDRED
4108 SE 9TH CT
CAPE CORAL FL 33904-5316

3. Date Incorporated or Qualified

03/15/1990

3a. Date of Last Report

03/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0196891

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

10. Name and Address of New Registered Agent

ELDRED, DENNIS P.
4108 SE 9TH CT
CAPE CORAL FL 33904

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME WILSON, CRAIG R
STREET ADDRESS 7747 BARTHOLOMEW DR
CITY-ST-ZIP N FT MYERS FL

TITLE VST ☐ DELETE

NAME ELDRED, DENNIS P
STREET ADDRESS 4108 SE 9TH CT
CITY-ST-ZIP CAPE CORAL FL

TITLE D ☐ DELETE

NAME ELDRED, DENNIS P
STREET ADDRESS 4108 SE 9TH CT
CITY-ST-ZIP CAPE CORAL FL

TITLE S ☐ DELETE

NAME MCQUADE, MICHAEL J
STREET ADDRESS 117 S.E. 2ND AVENUE
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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, or on an attachment with an address.

SIGNATURE:

Dennis P. Eldred
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97

Date

941 335-2095

Daytime Phone #

0397742

CR2E034 (9/96)