

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Laura B. Martin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 301966 (8)

1. Corporation Name

SUNMASTER OF JACKSONVILLE, INC.

Principal Place of Business

7903 W BAYMEADOWS CIRCLE
JACKSONVILLE FL 32256

Mailing Address

7903 W BAYMEADOWS CIRCLE
JACKSONVILLE FL 32256

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:36

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/11/1966	3a. Date of Last Report 03/10/1994
4. FEI Number 59-1118035	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
21. City, Apt. #, etc.	26. City, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	25. Zip
29. Country	30. Zip

9. Name and Address of Current Registered Agent

MILLSAPS, PATRICK A.

~~136 SANDRA ROAD~~
JACKSONVILLE FL ~~32211~~

7903 Baymeadows Cir W
32256

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MILLSAPS, PAMELA
STREET ADDRESS	136 SANDRA ROAD 7903 Baymeadows Cir W.
CITY - ST - ZIP	JACKSONVILLE FL 32256

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), Florida Statutes. I further certify that the information included 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 this 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:

Pamela J. Millsaps
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OF FILING OR DIRECTOR
PAMELA J. MILLSAPS Sec. Treas.

1-16-95

904-725-5222
X116