

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 317349 (9)

1. Corporation Name  
SUSSEX INC



Principal Place of Business

Mailing Address

7431 PARADISE PINE CT  
SPRING HILL FL 34606  
US

7431 PARADISE PINE CT  
SPRING HILL FL 34606  
US

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

24

29 30

g. Name and Address of Current Registered Agent

HARPE, RODNEY S  
3067 GRAND AVENUE  
MIAMI FL 33133

3. Date Incorporated or Qualified  
05/30/1967

3a. Date of Last Report  
04/04/1995

4. FET Number  
59-1214646

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

10. Name and Address of New Registered Agent

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 607.0115 and 607.1503, Florida Statutes, the above named corporation adopts 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 approve the filing of, Section 607.1503, Florida Statutes.

SIGNATURE

Signature of Registered Agent

(Date)

12. OFFICERS AND DIRECTORS

TITLE

PSTD  
HARPE, RODNEY S  
3967 GRAND AVENUE  
MIAMI, FLORIDA 00000

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-STATE-ZIP  
5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY-STATE-ZIP  
9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY-STATE-ZIP  
13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY-STATE-ZIP  
17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY-STATE-ZIP  
21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-STATE-ZIP  
25. TITLE  
26. NAME  
27. STREET ADDRESS  
28. CITY-STATE-ZIP  
29. TITLE  
30. NAME  
31. STREET ADDRESS  
32. CITY-STATE-ZIP  
33. TITLE  
34. NAME  
35. STREET ADDRESS  
36. CITY-STATE-ZIP  
37. TITLE  
38. NAME  
39. STREET ADDRESS  
40. CITY-STATE-ZIP  
41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY-STATE-ZIP  
45. TITLE  
46. NAME  
47. STREET ADDRESS  
48. CITY-STATE-ZIP  
49. TITLE  
50. NAME  
51. STREET ADDRESS  
52. CITY-STATE-ZIP  
53. TITLE  
54. NAME  
55. STREET ADDRESS  
56. CITY-STATE-ZIP  
57. TITLE  
58. NAME  
59. STREET ADDRESS  
60. CITY-STATE-ZIP  
61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY-STATE-ZIP  
65. TITLE  
66. NAME  
67. STREET ADDRESS  
68. CITY-STATE-ZIP  
69. TITLE  
70. NAME  
71. STREET ADDRESS  
72. CITY-STATE-ZIP  
73. TITLE  
74. NAME  
75. STREET ADDRESS  
76. CITY-STATE-ZIP  
77. TITLE  
78. NAME  
79. STREET ADDRESS  
80. CITY-STATE-ZIP  
81. TITLE  
82. NAME  
83. STREET ADDRESS  
84. CITY-STATE-ZIP  
85. TITLE  
86. NAME  
87. STREET ADDRESS  
88. CITY-STATE-ZIP  
89. TITLE  
90. NAME  
91. STREET ADDRESS  
92. CITY-STATE-ZIP  
93. TITLE  
94. NAME  
95. STREET ADDRESS  
96. CITY-STATE-ZIP  
97. TITLE  
98. NAME  
99. STREET ADDRESS  
100. CITY-STATE-ZIP

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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 119.07(2)(g), 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 the corporation or the registered broker, as authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached sheet with an approval.

SIGNATURE: X *Rodney S Harpe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-96

305 4146-6341

CR2E034 (12/95)