

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 # 339991 (2)  
1. Corporation Name  
SUN STATE PROPERTIES LTD. OF PINELLAS COUNTY INC



Principal Place of Business 1333 HILLSIDE DR  
4141 COTTONTAIL DR.  
%SIDNEY H. JESSOP  
NEW PORT RICHEY FL 34689  
TARPON SPRINGS FL 34689  
Mailing Address 1333 HILLSIDE DR.  
4141 COTTONTAIL DR.  
%SIDNEY H. JESSOP  
NEW PORT RICHEY FL 34689  
TARPON SPRINGS FL 34689

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	01/10/1969	05/01/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FLI Number	Applied For
22	27	59-1268295	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing	Trust Fund Contribution
24	29	<input type="checkbox"/>	<input type="checkbox"/>
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent

JESSOP, SIDNEY H.  
4141 COTTONTAIL DR.  
PARK LAKE ESTATES  
NEW PT. RICHEY FL 34663  
1333 HILLSIDE DR  
TARPON SPRINGS, FL  
34689

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 a corporation)

(NOTE: Registered Agent Signature represents whom corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	JESSOP, SIDNEY H.	
STREET ADDRESS	4141 COTTONTAIL DR.	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	JESSOP, JANE C.	
STREET ADDRESS	4141 COTTONTAIL DR.	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JESSOP, SIDNEY H.	
1.3 STREET ADDRESS	1333 HILLSIDE DR	
1.4 CITY - ST - ZIP	TARPON SPRINGS FL 34689	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	B. GEORGE LEWIS	
2.3 STREET ADDRESS	1333 HILLSIDE DR	
2.4 CITY - ST - ZIP	TARPON SPRINGS FL 34689	
3.1 TITLE	S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEORGIA LEWIS	
3.3 STREET ADDRESS	1333 HILLSIDE DR	
3.4 CITY - ST - ZIP	TARPON SPRINGS FL 34689	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIDNEY H. JESSOP

4/29/96

(813) 934-8026

Typed Name

CR2E034 (12/95)