

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **340395**

(3)

1. Corporation Name

SUNRAY ISLES, INC.

Principal Place of Business

**2600 SAN CAP RD.
P.O. BOX 1007
SANIBEL FL 33957**

Mailing Address

**2600 SAN CAP RD.
P.O. BOX 1007
SANIBEL FL 33957**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1969

4. FEI Number

59-1287716

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAY, J
2600 SAN CAP RD.
P.O. BOX 1007
SANIBEL FL 33957**

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☒ DELETE

NAME **RAY, M. K.**

STREET ADDRESS **925 ZANGE DR.**

CITY-ST-ZIP **ALGONQUIN IL**

TITLE **VP. THOMAS SCOTT MANDLER** ☐ DELETE

NAME **208 SW 61ST TERR.**

STREET ADDRESS **CAPE CORAL, FL. 33914**

CITY-ST-ZIP

TITLE **PRES. G. JEAN RAY** ☐ DELETE

NAME **P.O. BOX 1007 MAIL ADDRESS.**

STREET ADDRESS **SANIBEL, FL. 33957**

CITY-ST-ZIP **2600 TAMARIND**

TITLE **941-472-4242** ☐ DELETE

NAME **ON FILE SINCE 1985**

STREET ADDRESS

CITY-ST-ZIP

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 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 *J. Jean Ray* **G. JEAN RAY**

4/30/98 941-472

CR2E034 (10/97)