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

CORPORATION
ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 12:25

DOCUMENT # **355517** **(4)**

1. Corporation Name

**SUNRECO, INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| ONE FAIRGREEN AVENUE<br>BOX 565<br>NEW SMYRNA BEACH FL 32170-7565 | ONE FAIRGREEN AVENUE<br>BOX 565<br>NEW SMYRNA BEACH FL 32170-7565 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 11/18/1969 | 3a. Date of Last Report: 02/08/1994 |
| 4. FEI Number: 59-1294613 | 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 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

SCHWEIKART, GERALD T.
1 FAIRGREEN AVENUE
NEW SMYRNA BEACH FL 32168

**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 607.0502 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: _____ NOTE: Registered Agent signature required if filed separately. DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | SCHWEIKART, GERALD | 12 NAME | |
| STREET ADDRESS | 15 LAKE FAIRGREEN CIR. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BCH, FL 00000 | 14 CITY-ST-ZIP | 32168 |
| TITLE | ST | 21 TITLE | ☐ Change ☐ Addition |
| NAME | COX, PAULINE | 22 NAME | |
| STREET ADDRESS | 431 PERDITA STREET | 23 STREET ADDRESS | |
| CITY-ST-ZIP | EDGEWATER FL | 24 CITY-ST-ZIP | 32132 |
| TITLE | V | 31 TITLE | ☒ Change ☐ Addition |
| NAME | FRYE, WORLDLEY D | 32 NAME | |
| STREET ADDRESS | 11 BAY DR | 33 STREET ADDRESS | 1801 12th St. |
| CITY-ST-ZIP | NEW SMYRNA BCH, FL 00000 | 34 CITY-ST-ZIP | EDGEWATER, FL 32132-2033 |
| TITLE | DV | 41 TITLE | ☐ Change ☐ Addition |
| NAME | SCHWEIKART, GRACE M. | 42 NAME | |
| STREET ADDRESS | 15 LAKE FAIRGREEN CIR. | 43 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | 44 CITY-ST-ZIP | 32168 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

**SIGNATURE:** _____ 3-24-95 904/628-2493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404185 FP