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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 12 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 397826

(9)

SUNBRELLA HOMES, INC.

Principal Place of Business Mailing Address 949 SAN MARCO RD. 949 SAN MARCO RD. MARCO ISLAND FL 33937 MARCO ISLAND FL 34145-4501 3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1972 05/01/1996 2. Principal Place of Business 2e. Mailing Address 4. FEI Number Applied For 520 Gail same as 59-1393516 Not Applicable Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 27 City & State City & State Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032, 25 Collic 29
Name and Address of Current Registered Agent 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 81 Name SPICER, LEONARD 949 SAN MARCO RD. 82 Street Address (P.O. Box Number is Not Acceptable) MARCO ISLAND FL 33937 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fiorida 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 when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change THLE 1.1 TITLE SPICER, LEONARD 1.2 NAME NAME 1245 San Marco Rd. -3696 OTH ST.N. 1.3 STREET ADDRESS STREET ADDRESS Marco Island FZ 34104 Crange NAPLES PL 1.4 CiTY - ST - ZIP CITY-ST-7/2 DELETE THEF 2.1 TITLE SPICER, DALE 2.2 NAME 4520 GAIL BLVD STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 2. 4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE ; CALDWELL, JOANN NAME 3.2 NAME 9085 WINTERVIEW DRIVE STREET ADORESS 3.3 STREET ADDRESS NAPLES FL 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change THILE 4.1 TITLE ___ Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 TITLE YILLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 0:11 - ST - ZIP 5.4 CITY-ST-ZIP 500002187695 -05/22/97--01021--007 ***495.00 DELETE 6.1 TITLE THE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Lo 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