FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **455514** **(0)**

1. Corporation Name
SUN SERVICES OF AMERICA, INC.

Principal Place of Business
4613 N HESPERIDES
TAMPA FL 33614
US

Mailing Address
9600 18TH ST N
ST. PETERSBURG FL 33716-1202

3. Date Incorporated or Qualified: 06/28/1974
3a. Date of Last Report: 07/07/1995

2. Principal Place of Business
21 6301 Benjamin Ctr. Dr.
Suite, Apt #, etc.
22 Suite 101
City & State
23 Tampa, FL
Zip 24 33634 Country 25

2a. Mailing Address
26 6301 Benjamin Ctr. Dr
Suite, Apt #, etc.
27 Suite 101
City & State
28 Tampa, FL
Zip 29 33634 Country 30

4. FEI Number: 36-2601328 ☐ 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

9. Name and Address of Current Registered Agent
HUENINK, JEFF
9600 18TH STREET N
ST. PETERSBURG FL 33716-1202

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6301 Benjamin Center Drive
83 Suite 101
84 City Tampa, FL 85 Zip Code 33634

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DELETE
NAME	HUENINK, JEFFREY	
STREET ADDRESS	4613 N HESPERIDES	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	☐ DELETE
NAME	HUENINK, COLLEEN	
STREET ADDRESS	4613 N HESPERIDES	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	6301 Benjamin Ctr. Dr., Ste. 101	
1.4 CITY-ST-ZIP	Tampa, FL 33634	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	6301 Benjamin Ctr. Dr., Ste 101	
2.4 CITY-ST-ZIP	Tampa, FL 33634	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: JEFF HUENINK 4/24/96 (813) 243-0776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR