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FILED
May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 537371

(7)

1. Corporation Name
SUN COUNTRY, INC.

Principal Place of Business
221 FENTRESS BLVD.
DAYTONA BEACH FL 32114

Mailing Address
221 FENTRESS BLVD.
DAYTONA BEACH FL 32114-1203



3. Date Incorporated or Qualified
06/16/1977

3a. Date of Last Report
05/01/1996

4. FEI Number

59-1462289

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

21 457 S. RIDGEWOOD AV

Suite, Apt. #, etc.

22 DAYTONA BEACH, FL

City & State

23 32114 VOLUSIA

Zip

Country

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EDWARD SCHWARZ
1001 SHOCKNEY DR
ORMOND BEACH FL 32174

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPST ☐ DELETE

NAME SCHWARZ, EDWARD L.
STREET ADDRESS 1001 SHOCKNEY DR.
CITY-ST-ZIP ORMOND BEACH FL

TITLE PD ☐ DELETE

NAME SCHWARZ, RALPH L JR.
STREET ADDRESS 314 RIVERBLUFF DR.
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VD ☐ DELETE

NAME SCHWARZ, RALPH L
STREET ADDRESS 250 RIVERSIDE DR.
CITY-ST-ZIP ORMOND BEACH FL 32176

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1 JOHN ANDERSON - UNIT 703
ORMOND BEACH, FL 32176

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

14. I do 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:

ED SCHWARZ VP

4/25/97

904-258-0555

Date

Daytime Phone

CR2E034 (9/96)