

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA WATER AND POWER
CORPORATION
INCORPORATED IN FLORIDA
ON MAY 1, 1955
THE OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA 32301

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DOCUMENT # 544144 (9)

1. Corporation Name

SUNVIEW CORPORATION OF BOYNTON BEACH

Principal Place of Business

Mailing Address

C/O PAUL THIBADEAU, P.A.
249 ROYAL PALM WAY, 4TH FL.
PALM BEACH FL 33480

C/O PAUL THIBADEAU, P.A.
249 ROYAL PALM WAY, 4TH FL.
PALM BEACH FL 33480

DO NOT WRITE IN THESE SPACES

3. Date of Report (For Calendar Year)

08/24/1977

3a. Date of Last Report

03/16/1994

4. FID Number

59-1775692

Applied For

First Annual Report

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability to a foreign tax under the Internal Revenue Code, Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business Suite #201
21 350 South County Road

2a. Mailing Address Suite #201
26 350 South County Road

22 Palm Beach, FL

27 Palm Beach, FL

23 33480

28 33480

24

29

25

30

9. Name and Address of Current Registered Agent

THIBADEAU, PAUL
249 ROYAL PALM WAY, 4TH FL.
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

01 Name Paul Thibadeau
02 Street Address (P.O. Box Number is Not Acceptable) 350 South County Road, Suite #201
03
04 City Palm Beach FL 05 33480

11. The agent for the corporation of the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office. I, the undersigned, being duly qualified, hereby accept the appointment as registered agent. I am

SIGNATURE

Paul Thibadeau

2/8/95

12. OFFICERS AND DIRECTORS

NAME	PD THIBADEAU, PAUL
STREET ADDRESS	249 ROYAL PALM WAY
CITY, ST, ZIP	PALM BEACH FL
NAME	S STOCKI, SUSAN J.
STREET ADDRESS	249 ROYAL PALM WAY
CITY, ST, ZIP	PALM BEACH FL
NAME	TDD SARJEANT, ROBERT
STREET ADDRESS	249 ROYAL PALM WAY
CITY, ST, ZIP	PALM BEACH FL
NAME	D SARJEANT, MARY E
STREET ADDRESS	249 ROYAL PALM WAY
CITY, ST, ZIP	PALM BEACH FL
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	12 NAME	☒ Change ☐ Addition
STREET ADDRESS	350 South County Road, Suite #201	
CITY, ST, ZIP	Palm Beach, FL 33480	
NAME	21 NAME	☒ Change ☐ Addition
STREET ADDRESS	Susan J. Dunlap	
CITY, ST, ZIP	350 South County Road, Suite #201	
NAME	22 NAME	☒ Change ☐ Addition
STREET ADDRESS	350 South County Road, Suite #201	
CITY, ST, ZIP	Palm Beach, FL 33480	
NAME	23 NAME	☒ Change ☐ Addition
STREET ADDRESS	350 South County Road, Suite #201	
CITY, ST, ZIP	Palm Beach, FL 33480	
NAME	24 NAME	☒ Change ☐ Addition
STREET ADDRESS	350 South County Road, Suite #201	
CITY, ST, ZIP	Palm Beach, FL 33480	
NAME	25 NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY, ST, ZIP		
NAME	26 NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY, ST, ZIP		
NAME	27 NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY, ST, ZIP		
NAME	28 NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY, ST, ZIP		
NAME	29 NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY, ST, ZIP		
NAME	30 NAME	☐ Change ☐ Addition
STREET ADDRESS		
CITY, ST, ZIP		

14. I, the undersigned, certify that the information furnished in this report is true and correct and that I am an officer or director of the corporation. I further certify that I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF RECORDS CLERK IS REQUIRED

2/8/95

407-835-0551