

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 # 544976 (4)

1. Corporation Name

SUNRECO REALTY, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1 FAIRGREEN AVE. 1 FAIRGREEN AVE.
P.O. BOX 565 P.O. BOX 565
N. SMYRNA BCH FL 32170-7565 N. SMYRNA BCH FL 32170-7565

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
09/12/1977 02/08/1994
4. FEI Number Applied For
59-1765212 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
SCHWEIKART, GERALD T.
15 LAKE FAIRGREEN CIRCLE.
N. SMYRNA BCH 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

(Signature of the current registered agent and the new agent, if applicable)

(Signature of Registered Agent, signature required when applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHWEIKART, GERALD	1.2 NAME	
STREET ADDRESS	15 LAKE FAIRGREEN CIRCLE	1.3 STREET ADDRESS	
CITY, ST, ZIP	NEW SMYRNA BCH FL	1.4 CITY, ST, ZIP	32168
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	COX, PAULINE	2.2 NAME	
STREET ADDRESS	431 PERDITA STREET	2.3 STREET ADDRESS	
CITY, ST, ZIP	EDGEWATER FL	2.4 CITY, ST, ZIP	32132
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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 for the purpose or function empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report with an address.

SIGNATURE:

(Signature and printed name of signing officer or director)

3-23-95

804/428-2465