

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

**APPROVED
AND
FILED**

95 MAY 11 AM 8:43

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mottman
Secretary of State
TALLAHASSEE, FLORIDA 32304

DOCUMENT # **567854** (5)

SUN INVESTMENTS, INC.

STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address	
512 MANATEE AVENUE BRADENTON FL 34205		512 MANATEE AVENUE BRADENTON FL 34205	
21	22	23	24
25	26	27	28
29	30		

3. Date of Corporation Qualified	3a. Date of Annual Report
04/05/1978	08/08/1994
4. FEI Number	Applied For
65-0024961	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.002, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KAKLIS, WILLIAM V 1400 4TH AVE. W. BRADENTON FL 34205				B1	Name		
				B2	Street Address (P.O. Box Number is Not Applicable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.05(4), and 607.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and registered agent, 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 provisions of Section 607.05(4), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	P COUCH, JAMES P. 6311 COLUMBIA DR. BRADENTON, FL 00000	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V MANGUM, ARTHUR J. 4808 29TH AVE DR W BRADENTON, FL 00000	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST COUCH, VIRGINIA J. 6311 COLUMBIA DR. BRADENTON FL	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.01(1) of the Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same legal effect as if I had signed in person. This report is prepared by a registered agent or a person authorized by the corporation to prepare the report as required by a higher law of the State of Florida, and that my signature on this report is a true and correct statement of the facts.

SIGNATURE: *James P. Couch*
BIG LETTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

53-95 813-746-9562

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **570972**

1. Corporation Name

Reporters Computer Service, Inc.

Principal Place of Business

Mailing Address

**8809 Ivy Mill Place N.
Jacksonville, FL 32244**

**P.O. Box 1196
Jacksonville, FL 32201**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 5/9/78	3a. Date of Last Report 4/29/94
4. FEI Number 59-1818746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation files notices for employment tax under its own state Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc	26. State Apt. # etc
22. City & State	27. City & State
24. Name	25. Name
29. Name	30. Name

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**L. Marie Splane
8809 Ivy Mill Place North
Jacksonville, FL 32244**

B1. Name	B2. Street Address if P.O. Box Number is Not Applicable	B3.	B4. City	B5. Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.02(2) and 607.1508, Florida Statutes, this 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 607.1508, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	
12.1 NAME	7/D L. Marie Splane 8809 Ivy Mill Place N. Jacksonville, FL 32244
12.2 NAME	
12.3 NAME	
12.4 NAME	
12.5 NAME	
12.6 NAME	
12.7 NAME	
12.8 NAME	
12.9 NAME	
12.10 NAME	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 1995	
13.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	8809 IVYMILL PLACE N.
13.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.4 NAME	700001543177 -07/21/95--01050--002 ****225.00 ****225.00
13.5 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.7 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 199.07(4)(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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE: *L. Marie Splane* **L. MARIE SPLANE 7/7/95** 904-356-1985



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 14, 1995

REPORTERS COMPUTER SERVICE, INC.
P.O. BOX 1196
JACKSONVILLE, FL 32201

SUBJECT: REPORTERS COMPUTER SERVICE, INC.
Ref. Number: 570972

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

The form must be completed in ink.

After the corrections have been made, return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Tyrone Scott
ANNUAL REPORTS Section

Letter number: 995A00033906

*7/19/95 Now filled out
in ink & enclosed
herewith -
Marie Spive*