FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAY -1 AM 8:22

DOCUMENT # 715138 (4)

1. Corporation Name
SUNSHINE MALL MERCHANTS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1200 S. MISSOURI AVE. #9 SUNSHINE MALL CLEARWATER FL 34616-4179	1200 S. MISSOURI AVE. #9 SUNSHINE MALL CLEARWATER FL 34616-4179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1968
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1366460 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

HUCK STEVE
300 SUNSHINE MALL
CLEARWATER FL 34616

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P / D	11 TITLE	☐ Change ☐ Addition
NAME	HUCK, STEVE	12 NAME	
STREET ADDRESS	300 SUNSHINE MALL	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, TIM	22 NAME	
STREET ADDRESS	72 SUNSHINE MALL	23 STREET ADDRESS	Delete Hoffman
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	TIDWELL, JERYLL	32 NAME	
STREET ADDRESS	80 SUNSHINE MALL	33 STREET ADDRESS	Delete Tidwell
CITY-ST-ZIP	CLEARWATER, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCELVEEN, MARJORIE	42 NAME	
STREET ADDRESS	55A SUNSHINE MALL	43 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SMIMMONS, NANCY	52 NAME	
STREET ADDRESS	35 SUNSHINE MALL	53 STREET ADDRESS	Delete Simmons
CITY-ST-ZIP	CLEARWATER, FL 00000	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DINICOLA, BOB	62 NAME	
STREET ADDRESS	64 SUNSHINE MALL	63 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 00000	64 CITY-ST-ZIP	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added for reinstatement with an address.

SIGNATURE: Steve Huck, Pres. (813) 445-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046128