FILE NOW: FILING FEE IS $61.25

FILED
Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **755458** **(7)**

1. Corporation Name

SUN DOME,INC.

Principal Place of Business	Mailing Address
4202 FOWLER AVE., ADM 250 C/O NOREEN SEGREST TAMPA FL 33620 US	4202 FOWLER AVE., ADM. 250 C/O NOREEN SEGREST TAMPA FL 33620-9800 US

3. Date Incorporated or Qualified: 12/09/1980
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2051855 ☐ 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

9. Name and Address of Current Registered Agent

SEGREST, NOREEN
4202 FOWLER AVENUE
ADM. 250
TAMPA FL 33620

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 617.0502 and 617.1508, 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 617.0503, 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	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALBOLT, DANIEL R.		1.2 NAME		
STREET ADDRESS	4202 E FOWLER C/O SUN DOME		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, PAUL S		2.2 NAME		
STREET ADDRESS	4202 E FOWLER, PED 214		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SEGREST, NOREEN		3.2 NAME		
STREET ADDRESS	4202 FOWLER AVE., ADM 250		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 0		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FENDER, RICHARD C		4.2 NAME		
STREET ADDRESS	4202 E FOWLER, ADM 200		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000		4.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	5.1 TITLE	President	☐ Change ☒ Addition
NAME	FENDER, RICHARD C		5.2 NAME	Michael R. LaPan	
STREET ADDRESS	4202 E FOWLER, ADM 200		5.3 STREET ADDRESS	4202 E. Fowler c/o SUN DOME	
CITY-ST-ZIP	TAMPA FL 33620		5.4 CITY-ST-ZIP	Tampa, FL 33620	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Noreen Segrest NOTARIZED April 4, 1997 (813) 974-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0049512