

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F70765

(5)

1. Corporation Name

SUN TELEPHONE INCORPORATED



Principal Place of Business

4014 43RD AVE. STE 2
VERO BEACH FL 32960

Mailing Address

4014 43RD AVE. STE 2
VERO BEACH FL 32960

3. Date Incorporated or Qualified
03/12/1982

3a. Date of Last Report
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FET Number

59-2155214

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

10. Name and Address of New Registered Agent

SPARROW, CALEB G.
4014 43RD AVE. STE 2
VERO BEACH FL 32960

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 person or persons authorized to register and file this statement)

(Signature of Registered Agent, if any, and person or persons authorized to register and file this statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	NICKERSON, LOUIS	
STREET ADDRESS	4014 43RD AVE.	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE	P	☐ DELETE
NAME	SPARROW, CALEB G	
STREET ADDRESS	4014 43RD AVE. STE 2	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE	ST	☐ DELETE
NAME	SPARROW, BARBARA B	
STREET ADDRESS	4014 43RD AVE. STE 2	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE	D	☐ DELETE
NAME	ROWLEY, CLIFFORD A	
STREET ADDRESS	4014 43RD AVE. STE 2	
CITY-STATE-ZIP	VERO BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara B Sparrow Sec/Man*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA B SPARROW

1-25-96

407.567.5117

Date

Display Phone #

CR2E034 (12/95)