## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F70765

(5)

SUN TELEPHONE INCORPORATED

Principal Place of Business Mailing Address 4014 43RD AVE. STE 2 4014 43RD AVE. STE 2 VERO BEACH FL 32960-1804 VERO BEACH FL 32960 3. Date Incorporated or Qualified 3a. Date of Last Report 03/12/1982 01/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2155214 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution П Added to Fees Country Ζip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 24 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPARROW, CALEB G. 4014 43RD AVE, STE 2 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 83 84 City 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Bijuat ne  $t_{\mathbf{B}^{\infty}}$  the printed name of registerical apent as o ottent applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)DELETE Change Addition TITLE 1.1 TITLE NICKERSON, LOUIS NAME 1.2 NAME 4014 43RD AVE. STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL Citit - 51 - 719 1.4 CITY-ST-ZIP DECETE TITLE 2.1 TITLE Change \_\_\_\_ Addition SPARROW, CALEB G 2.2 NAME 4014 43RD AVE. STE 2 STREET ACORESS 2.3 STREET ADDRESS VERO BEACH FL Offy-St-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TOTLE ☐ Change Addition SPARROW, BARBARA B NAME 3.2 NAME 4014 43RD AVE. STE 2 STREET ACORESS 3.3 STREET ADDRESS **VERO BEACH FL** City - ST - ZIP 3.4. CITY - ST - ZIP DELETE Change Addition DILE 4.1 TITLE ROWLEY, CLIFFORD A NAME 4. 2 NAME 4014 43RD AVE. STE 2 STREET ACDRESS 4.3 STREET ADDRESS VERO BEACH FL CHIY-ST-7IP 4.4 CITY-ST-ZIP DELETE ☐ Change noitibhA TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TELLE 61 THLE NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 City-St-ZiP

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 cirector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

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

SIGNATURE

appears in Block 12 or Block

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22.97 561.567.5117

FILED

Jan 28 1997 8:00am

Secretary of State