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

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 20 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 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 VERO BEACH FL 32960 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/12/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2155214 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 1 \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has pald the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SPARROW, CALEB G. 4014 43RD AVE, STE 2 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32960 83 84 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE NICKERSON, LOUIS 1.2 NAME NAME 4014 43RD AVE. STREET ADDRESS 1.3 STREET ADDRESS VERO BEACH FL CITY - ST - ZIP 1.4 CITY - ST - ZIP ☐ Addition DELETE Change TITLE 2.1 TITLE SPARROW, CALEB G NAME 2.2 NAME 4014 43RD AVE. STE 2 STREET ADDRESS 2.3 STREET ADDRESS VERO BEACH FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Спапре \_\_\_ Addition TITLE 3,1 TITLE NAME SPARROW, BARBARA B 3.2 NAME 4014 43RD AVE. STE 2 STREET ADDRESS 3.3 STREET ADDRESS VERO BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE \_\_ Change Addition TITLE 4.1 TITLE ROWLEY, CLIFFORD A NAME 4. 2 NAME 4014 43RD AVE. STE 2 STREET ADDRESS 4.3 STREET ADDRESS VERO BEACH FL 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

Change

\_\_\_ Addition

5.4 CITY-ST-ZIP

BARBARA B SPARROW 1-9-98 5615675117 SIGNATURE:

DELETE