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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F78675

(8)

DOCUMENT #
1. Corporation Name SUN-PORT ENTERPRISES, INC.

	 	,	

Principal Place of Business Mailing Address											
1407 S. KEENE RD. CLEARWATER FL 34616 1407 S. KEENE RD. CLEARWATER FL 34616 1407 S. KEENE RD. CLEARWATER FL 34616				6		,					
							 Date Incorporated or Qualified 04/29/1982 	За.	Date of Last F 06/06/19	•	
	ace of Business	2a. Mailing Address			4. FEI Number	-		Applied For			
Suite, Apt.	# ptc	26	Suite, Apt. #, etc.			43-1260722			Not Applicable		
22		27	27			5. Certificate of Status Desired			5 Additional Required		
23		City & State			6. Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees			
Zip 24	Country 25	29	Zip	Count	ry		8. This corporation has liability for Florida Statutes	intangib	le tax under s		
	9. Name and Address of Current	Regis	tered Agent	1 1			10. Name and Address of New I				
				8	1	Name					
EARLE, RICHARD T III 150 SECOND AVE. N., #910				8	2 1	Street Addr	et Address (P.O. Box Number is Not Acceptable) Second Avenue N. E.				
ST. PET	ERSBURG FL 33701			8			ita 1401				
				8		St. I	Petersburg,	F	EL 85 3	3989	
11. Pursuant t or register	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida h, and accept the obligations of, Section	and 600 a. Such	7.1508, Florida Statu tes Lichange was authorized	s, the above	-ทอ	med corpor	ration submits this statement for the pu	rpose of	changing its	registered office	
familiar wit	h, and accept the obligations of, Section	on 607.0	0505, Florida Statut es .	a by the co	ро	TORIOTT'S DOC	rd of directors. Thereby accept the app	ortonen	i as registered	agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent a										
12.	OFFICERS AND			13.	oril s	signature regulred	d when reinstating:	DAT			
TITLE	P	277111110	DELETE	1.1300		<u>-</u>	ADDITIONS/CHANGES TO OFF	ICERS A	ND DIRECTO		
NAME	ADEN, ALICE M		-	1.2 NAME					TTI Onanile	Addition	
STREET ADDRESS	1407 S. KEENE RD.					DDRESS ###					
CITY-ST-ZIP	CLEARWATER FL 34616			1.0 OHE		1					
TiTLE	VD		DELETE	2 1 1171			easurer/Director		X Change	Addition	
NAME	ADEN, DALE W JR		K	2 2 NAME		1.1	easurery birector		ME J Unange	L Addition	
STREET ADORESS	1407 S. KEENE RD.				2.3 STREET ADDRES						
CHY-ST-ZIP	CLEARWATER FL 34616			2.4 CITY -							
TITLE	٥	*************	☐ DELETE	3. 1 THE			resident/Director	<u></u>	Change	Addition	
NAME	ADEN, RAY			3.2 NAME		· 1	TODE GOLLOY DEFOCED.	4	[2,1 5,151.80	La rication	
STREET ADDRESS	1407 S. KEENE RD.			3 3. STRE	ET A	DDRESS					
C/TY-ST-ZIP	CLEARWATER FL 34616			3.4 CITY-							
TITLE	TD		DELETE	4.1 T/TLE			ice President/		Change	Addition	
NAME	MOSLEY, H. LANO			4.2 NAME			Director	•			
STREET ADDRESS	334 BOCA CIEGA PT. BLVD.			43 STREE	TAD	DORESS	271.00 001.				
CITY-ST-ZiP	ST. PETERSBURG FL 33708			4.4 CITY-	ST-	ZIP					
THLE	SD		DELETE	5 1 TITLE		T			Cnange	Add-tion	
NAME	OGDEN, RONALD J			5.2 NAME							
STREET ADDRESS	28870 US 19 N., #16			5 3 STREE	T AD	DDRESS 2	925 Boxwood Courtain Harbor, Flori	ե			
CITY-ST-ZIP	CLEARWATER FL 34621			5.4 CITY -		ZIP P	alm Harbor, Flor	ida	34684		
1171.6			DELETE	6. 1 TITLE			60000183 -05/22/96010	·	Change	Addition	
NAME				6.2 NAME			-05/22/96010	325	850 J	$\mathcal{Q}(-)$	
STREET ADDRESS				6.3 STREE	I AD	DRESS	***200.00	7070	اسماعي	10 l	
CITY-ST-ZIP				6.4 CITY-	\$1-2	ŽIP .	****LUU.UU	V	ノー	1 0	

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 at 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:

SIGNATURE AND PYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytine Phone #

CR2E034 (12/95)