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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F78675** **(8)**

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 34616-2413

3. Date Incorporated or Qualified: **04/29/1982**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **43-1260722** ☐ Applied For ☐ Not Applicable

6. 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

EARLE, RICHARD T III
111 SECOND AVE. N.E.
STE 1401
ST. PETERSBURG FL 33701

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 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, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD ☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	ADEN, DALE W, SR.	1.2 NAME	Director
STREET ADDRESS	1407 S. KEENE RD.	1.3 STREET ADDRESS	Alice M. Aden
CITY-ST-ZIP	CLEARWATER FL 34616	1.4 CITY-ST-ZIP	1407 S. Keene Rd.,Clearwater FL 34616
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ADEN, RAY	2.2 NAME	
STREET ADDRESS	1407 S. KEENE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34616	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MOSLEY, H. LANO	3.2 NAME	
STREET ADDRESS	334 BOCA CIEGA PT. BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33706	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	OGDEN, RONALD J	4.2 NAME	
STREET ADDRESS	2925 BOXWOOD COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dale W. Aden Sr. 3-15-96 (813)535-3390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #