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PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **F94000005705 (8)**

1. Corporation Name
SUN CATCHER, INC.

Principal Place of Business	Mailing Address
1300 LEE ST SLIP A-31 FT MYERS FL 33901	P O BOX 08070 SLIP A-31 FT MYERS FL 33908-0001 US

3. Date Incorporated or Qualified: 11/03/1994
3a. Date of Last Report: 08/19/1996
4. FEI Number: 64-0839565 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 619 Front Street	26 619 Front Street
Suite, Apt. #, etc. 22 Slip #1	Suite, Apt. #, etc. 27 Slip #1
City & State 23 Key West,	City & State 28 Key West Fla 33040
Zip 24 33040 Country 25 MONROE	Zip 29 33040 Country 30 MONROE

9. Name and Address of Current Registered Agent

BULL, MARK
1300 LEE ST
SLIP A-31
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: Ronald R. Bamfield
82 Street Address (P.O. Box Number is Not Acceptable): 619 Front Street
83 Slip #1
84 City: Key West, FL 85 Zip Code: 33040

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] Ronald R. Bamfield 1-13-97
Signature, typed or printed 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	CP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CROSBY, PATRICIA P		1.2 NAME	
STREET ADDRESS	137 BAYOU RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE MS 38701		1.4 CITY-ST-ZIP	
TITLE	ST	☑ DELETE	2.1 TITLE	Secretary ☑ Change ☐ Addition
NAME	BULL, MARK		2.2 NAME	William A. Staten
STREET ADDRESS	1300 LEE ST, SLIP A-31		2.3 STREET ADDRESS	1417 Trailwood Drive Suite A
CITY-ST-ZIP	FT MYERS FL 33901		2.4 CITY-ST-ZIP	Greenville MS 38701
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			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: [signature] William A. Staten 1-7-97 (601) 335-2641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0399331