SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G68364** **(0)**

1. Corporation Name
SUN QUEST HOMES, INC.

Principal Place of Business	Mailing Address
3195 MCCALL RD. ~~P. O. BOX 5191~~ ENGLEWOOD FL 34224 US	3195 MCCALL RD. ~~P. O. BOX 5191~~ ENGLEWOOD FL 34224 US

3. Date Incorporated or Qualified: 11/03/1983
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 3195 S. MCCALL RD
22 Suite, Apt. #, etc.:
23 City & State: ENGLEWOOD FL
24 Zip: 34224
25 Country: USA

2a. Mailing Address
26: 3195 S MCCALL RD
27 Suite, Apt. #, etc.:
28 City & State: ENGLEWOOD FL
29 Zip: 34224
30 Country: USA

4. FEI Number: 59-2342258 ☐ 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

9. Name and Address of Current Registered Agent
SODERQUIST, CHARLES E.
9254 GULFSTREAM BLVD.
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent
81 Name: SODERQUIST, CHARLES E.
82 Street Address (P.O. Box Number is Not Acceptable): 3195 S. MCCALL RD
83
84 City: ENGLEWOOD **FL** 85 Zip Code: 34224

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: [redacted] Charles E. Soderquist 7/23/96
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST SODERQUIST, CHARLES E. 9254 GULFSTREAM BLVD. ENGLEWOOD FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PST SODERQUIST, CHARLES E. 3195 S. MCCALL RD ENGLEWOOD FL 34224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SODERQUIST, CHARLES E. 9254 GULFSTREAM BLVD. ENGLEWOOD FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD SODERQUIST, CHARLES E. 3195 S. MCCALL RD ENGLEWOOD FL 34224	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [redacted] Charles E. Soderquist 7/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Date of FI Tax