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May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 S. MCCALL ROAD  
ENGLEWOOD FL 34224  
US

3195 S. MCCALL ROAD  
ENGLEWOOD FL 34224-8642  
US



3. Date Incorporated or Qualified  
11/03/1983

3a. Date of Last Report  
08/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SODERQUIST, CHARLES E.  
3195 S MCCALL ROAD  
ENGLEWOOD FL 34224

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: 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 PST ☐ DELETE

NAME SODERQUIST, CHARLES E.  
STREET ADDRESS 3195 S MCCALL ROAD  
CITY- ST- ZIP ENGLEWOOD FL

1.1 TITLE ☐ Change ☐ Addition

TITLE VO ☐ DELETE

NAME SODERQUIST, CHARLES E.  
STREET ADDRESS 3195 S MCCALL ROAD  
CITY- ST- ZIP ENGLEWOOD FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

(941)  
475-5678

Date

Daytime Phone #

CR2E034 (9/96)