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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(8)

DOCUMENT #

1. Corporation Name SUNBURST PROPERTIES OF MARION COUNTY, INC.

SUNBURST PROPERTIES OF MARION COUNTY, INC.						<u> </u>			
Principal Place of Business  * HERBERT D. STAFFORD  1901 SE FORT KING STREET  OCALA FL 34471		Mailing Address  # HERBERT D. STAFFORD  1901 SE FORT KING STREET  OCALA FL 34471							
				3. Date Incorporated or Qualified 11/18/1983	04/28/1995				
Principal Ptace of Business		2a. Mailing Address	<u> </u>			4. FEI Number 59-2383290	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees			
<b>23</b> Zip	Gountry 25	Zip 29	Countr 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
24	9. Name and Address of Curre					10. Name and Address of New I	Registered	Agent	
STAFFORD, HERBERT D. 1901 SE KING STREET				81 82	Name Street Ad	ress (P.O. Box Number is Not Acceptable)			
OCALA F	FL 34471			83 84	City		FL	<b>85</b> Zip C	
familiar with	diagent, or both, in the State of Flo diagent, or both, in the State of Flo i, and accept the obligations of, Se ligrature, typod or printed name of registered ag-					poration submits this statement for the property of directors. I hereby accept the appropriet when reinstalling)  ADDITIONS/CHANGES TO OF	DATE		
12.	OFFICERS A	ND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OF	FIGENS AIN	Change [	Addition
TILLE	DP	☐ DELETE	1	1 TITLE					_
NAME	STAFFORD, HERBERT D.			.2 NAME	Į				
STREET ADDRESS	1901 SE FORT KING ST		1	.3 STREE	T ADDRESS				
CITY - S1 - ZIP	OCALA, FL 00000			4 CITY-				Change	Addition
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NAME				2.2 NAME	ì				
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NAME				4.2 NAMI	£				
STREET ADDRESS			I.	43 STRE	ET ADDRESS				
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NAME			1	52 NAM					
STREET ADDRESS			1	5.3 STRE	ET ADDRESS				
CITY-ST-ZIP					-ST-21P			Change	Addition
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NAME			1	6 2 NAN					
STREET ADDRESS			L	6.3 STR	EET ADDRESS	1			

6.4 CITY - S1 - ZIP

14. Lot hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Soction 119.07(3)(b). 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. A DIRECTOR

352-612-9536