FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G71292

(8)

SUNBURST PROPERTIES OF MARION COUNTY, INC.

Principal Prace of Business M HERRERT D STAFFORD

Mailing Address

% HERBERT D. STAFFORD

FILED Mar 28 1997 8:00am Secretary of State



1901 SE FORT KING STREET OCALA FL 34471		1901 SE FORT KING STREET OCALA FL 34471-2528			
				3. Date Incorporated or Qualified 11/18/1983	3a, Date of Last Report 04/23/1996
	ace of Business	2a. Mailing Address	٤٨ ٨	4. FEI Number	Applied For
21 NILL Suite, Apt	NE 25Auc	(**)	2)2004	59-2383290	Not Applicable
22 Suit	101 05	1211 0000	01	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	FL	6. Election Campaign Financing	\$5.00 May Be
23 Ccala +L 28 Ccala 4 Zip Country Zipe 1 - 7				Trust Fund Contribution Added to Fees Country B. This corporation has liability for intangible tax under s 199 032,	
₂₄ 1344	70 25 mario		30 Marie	Florida Statutes	☐ Yes ☐ No
ATA	9. Name and Address of Curr	ent Hegistered Agent	81 Nam	10. Name and Address of New R	egistered Agent
1901	fford, Herbert D. 1 se king street V.a fl 34471		82 Street Address (P.O. Box Number is Not Acceptable)		
UUA	IDI FE SHITT		83	ITTI IVE ESPACE SUC	~uc 10 t
			84 City	Ocala	FL 85 Zip Code
11. Pursuant to	to the provisions of Sections 607.09 egistered agent, or both, in the Sta	502 and 607,1508, Florida Statut te of Florida. Such change was a trations of Section 607,0505, Florida	es, the above-name outhorized by the o	ed corporation submits this statement for the orporation's board of directors. I hereby acce	purpose of changing its registered opt the appointment as registered
SIGNATURE	Triadiplial Willing and accept the ope	gallons of, beopon our bood; the	initia Olajipitos		
	Significant type dior printed marrie of registered a			ure required when reinslating)	DATE
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
THEF	STAFFORD, HERBERT D.	ET DEFETE	1.1 TITLE		
NAME.	1901 SE FORT KING ST		1.2 NAME	s IIIIAVE 25 AME SOUT	Ce 101
STREET ADDRESS	OCALA, FL 00000		1.3 STREET ADDRES	34	470
CHY-ST-ZIP TITLE	OOALA, 1 L 00000	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	y and to	Change Addition
NAME		been	2.2 NAME		La violities
				<u>, </u>	
STREET ADDRESS			2.3 STREET ADDRES	5	
CHY-S1-ZIP TITLE		DELETE	2. 4 CiTY+ST-ZIP 3.1 TITLE		Change Addition
MANE	•		3.2 NAME		
STREET AUDRESS			3.3 STREET ADDRES	s l	
CITY ST-ZIP			34. CITY-ST-ZIP	*	
DILE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRES	c l	
CITY-ST 20F			4.4 CITY-ST-ZIP	*	
TifuE		DELETE	5.1 TITLE		Change Addition
NAMÉ			5.2 NAME	·	
STREET ADDRESS			5.3 STREET ADDRES	e	
CHY-SI-ZIP THE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
1		First Director			Fin Culturge Fin Modelion
NAME			62 NAME	.	
STREET ADDRESS			63 STREET ADDRES	s	
City-SI-7:P	w certify that the information supp		6.4 CITY - ST - ZIP	n stated in Section 119 07(3)(i) Florida Statut	

If the expectance was a community supplies with this iming does not quality 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: