

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G94088** (3)

1. Corporation Name

SUN BANDITS, INC.



Principal Place of Business

Mailing Address

C/O PAUL JAY MASSEY
711 ARIOLA DRIVE
PENSACOLA BEACH FL 32561

C/O PAUL JAY MASSEY
711 ARIOLA DRIVE
PENSACOLA BEACH FL 32561

3. Date Incorporated or Qualified

04/02/1984

3a. Date of Last Report

08/11/1995

4. FEI Number

59-2396332

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 **1216 E Lee St**

26 **1216 E Lee St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Pensacola, FL**

28 **Pensacola, FL**

Zip

Country

Zip

Country

24 **32503**

25

29 **32503**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASSEY, PAUL JAY
711 ARIOLA BEACH
PENSACOLA BEACH FL 32561**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1216 E Lee St.

83

84 City

Pensacola

FL

85 Zip Code

32503

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 ☐ DELETE
NAME **D**
STREET ADDRESS **MASSEY, CALVIN**
CITY - ST - ZIP **67 TWELTH STREET**
SHALIMAR FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MASSEY, PAUL JAY**
CITY - ST - ZIP **711 ARIOLA DR**
PENSACOLA FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MASSEY, JOANN**
CITY - ST - ZIP **711 ARIOLA DRIVE**
PENSACOLA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1216 E. Lee St.**
2.4 CITY - ST - ZIP **Pensacola, FL 32503**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **1216 E. Lee St**
3.4 CITY - ST - ZIP **Pensacola, FL 32503**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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

SIGNATURE:

P. Jay Massey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96
Date

904 934 0922
Daytime Phone #

CR2E034 (12/95)