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

DOCU 1. Corporation	MENT # H1033	39 (0)			-		
SUNB	elt management grou	P, INC.				1	H 8(6)(2(6)(161)
Principal Place of Business Mailing Address						T IRIL BURN BURN GURN RATI	
% BOBBY B. BRYANT 12333 RIDGE RD. LARGO FL 34648-2517		% BOBBY B. BRYANT 12333 RIDGE RD. LARGO FL 34648-2517					
					3. Date Incorporated or Qualified 06/29/1984	3a. Date of Last F 08/10/19	•
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		59-2440332		Not Applicable
22		27	27		5. Certificate of Status Desired		5 Additional Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		O May Be	
Zip Country		Zip			8. This corporation has liability for intengible tax under s 199.032,		
24	25	29	30		Florida Statutes		100.002,
	9. Name and Address of Curre	nt Registered Agent		· · · · · -	10. Name and Address of New R	legistered Agent	
RDVANT	r ROBBY B			Name			
BRYANT, BOBBY B. 12333 RIDGE RD.			82 5	Street Addr	ess (P.O. Box Number is Not Acceptab	le)	
LARGO	FL 33540		83				
•			84 (City		FL 85 Z	p Code
11. Pursuant t	to the provisions o' Sections 607.050:	2 and 607.1508, Florida Statute	s, the above nan	ned corpor	ation submits this statement for the pur		registered office
	th, and accept the obligations of, Sec			ition's boar	d of directors. I hereby accept the appo	pintrnent as registered	dagent. I am
SIGNATURE _	Signatule, typed or printed name of registered agen	t and title if producable (NOT	E: Registered Agent sig			··	
12.	OFFICERS AND DIRECTORS		13.	raidre regor et	ADDITIONS/CHANGES TO OFFI	DATE	ORS IN 12
TITLE	BRYANT, BOBBY B.		1. 1 THTLE			☐ Change	Addition
NAME			1.2 NAME				
STREET ADDRESS	12333 RIDGE RD.	LADOO PI		DRESS			
CITY-ST-ZIP TITLE	LANGO FL	☐ DELETE	14 CHTY-ST-Z 2 1 THTLE	ip -		67. Oh	
NAME		[Detere	2 2 NAME			☐ Change	Addition
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY - ST - Z				
TITLE		☐ DELETE	3 1 TITLE			☐ Change	Addition
NAME			3.2 NAME	Ī			
STREET ADDRESS			3.3 STREET AD	DRESS			
CITY-ST-ZIP TITLE		C) DELETE	3.4 CITY-ST-ZI	Р			
NAME		☐ DÉLETE	4 1 TITLE			Change	Addition
STREET ADDRESS			4.2 NAME	occo			
CHTY-ST-ZIP			4.3 STREET ADD 4.4 City - St - Zi	f			
TITLE		☐ DELETE	5 1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADD	RESS			1
CITY-ST-ZIP	5.4.0		5.4 CITY - ST - ZI	Р			
TITLE	F3 per sec		6 1 TITLE	.]		Change	Addition
NAME :			62 NAME				
STREET ADDRESS			63 STREFT ADD				
CITY-ST-ZIP 14. I do hereby	certify that the information supplied	with this filing is voluntarily furnis	6.4 City-St-Zi		r the exemption stated in Section 1197	07/24k) Elocido Ctata	oo I furth-

receitly 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 of 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 10 or Block for on an attachment with an address.

SIGNATURE:

NAME OF SIGNING OFFICE FOR GREEN / President

4/19/96 (PI3) 575 592/