

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

FILED

Jan 15 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **H18367** (3)
1. Corporation Name
ORLANDO SUN PROPERTIES, INC.

Principal Place of Business

**1519 W BROADWAY
OVIEDO FL 32765
US**

Mailing Address

**P.O. BOX 337
OVIEDO FL 32765**

3. Date Incorporated or Qualified

08/27/1984

3a. Date of Last Report

02/09/1996

4. FEI Number

59-2624571

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

29**30**

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

9. Name and Address of Current Registered Agent

**CLONINGER, EVELYN W.
1519 WEST BROADWAY
OVIEDO FL 32765**

10. Name and Address of New Registered Agent

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

TITLE **PST** ☐ DELETENAME **CLONINGER, EVELYN W.**
STREET ADDRESS **1519 W. BROADWAY**
CITY- ST- ZIP **OVIEDO FL**TITLE **VPO** ☐ DELETENAME **CLONINGER, PHILIP T.**
STREET ADDRESS **1519 W. BROADWAY**
CITY- ST- ZIP **OVIEDO FL**TITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY- ST- ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY- ST- ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY- ST- ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME ☐ Change ☐ Addition1.3 STREET ADDRESS ☐ Change ☐ Addition1.4 CITY- ST- ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY- ST- ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY- ST- ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY- ST- ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY- ST- ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY- ST- ZIP ☐ 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

Presi- 1- 6- 97

Date

407-365-5696

Daytime Phone #

CR2E034 (9/96)