FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H20882** **(7)**

1. Corporation Name

SUN & COMFORT, INC.

Principal Place of Business

1303 HOMESTEAD RD.
P.O. BOX 666
LEHIGH ACRES FL 33970

Mailing Address

12670 NEW BRITTANY BLVD
STE. 101
FT. MYERS FL 33906
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/13/1984**

3a. Date of Last Report: **07/29/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-2445214**

Applied For ☐ Not Applicable ☐

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 — County — 25

Zip — 29 — County — 30

8. This corporation has liability or intangible tax under S. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ROYSTON, ROBERT D. JR.
12670 NEW BRITTANY BLVD
STE 101
FT. MYERS FL 33907

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 Section 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

(Typed or printed name of person signing) (Title of person signing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
60	**PSD**	70	☐ Change ☐ Addition
NAME	**SCHWARZMEIER, WILLIBALD**	71 NAME	
STREET ADDRESS	**1303 HOMESTEAD RD.**	72 STREET ADDRESS	
CITY-ST-ZIP	**LEHIGH ACRES FL**	73 CITY-ST-ZIP	
61		74	☐ Change ☐ Addition
NAME		75 NAME	
STREET ADDRESS		76 STREET ADDRESS	
CITY-ST-ZIP		77 CITY-ST-ZIP	
62		78	☐ Change ☐ Addition
NAME		79 NAME	
STREET ADDRESS		80 STREET ADDRESS	
CITY-ST-ZIP		81 CITY-ST-ZIP	
63		82	☐ Change ☐ Addition
NAME		83 NAME	
STREET ADDRESS		84 STREET ADDRESS	
CITY-ST-ZIP		85 CITY-ST-ZIP	
64		86	☐ Change ☐ Addition
NAME		87 NAME	
STREET ADDRESS		88 STREET ADDRESS	
CITY-ST-ZIP		89 CITY-ST-ZIP	
65		90	☐ Change ☐ Addition
NAME		91 NAME	
STREET ADDRESS		92 STREET ADDRESS	
CITY-ST-ZIP		93 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 1 or Block 12 if changed or added to the report.

SIGNATURE: Willi Schwarzmeier WILLIBALD SCHWARZMEIER 5-1-95 813-369-8989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

032A07 CP