

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:50

DOCUMENT # H39410 (6)

1. Corporation Name
SUN GEAR, INC.

Principal Place of Business
**% HAL SPENCE
221 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169-5239**

Mailing Address
**% HAL SPENCE
221 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169-5239**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/23/1985** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2485652** 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**

7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

**SPENCE, HAL
221 N. CAUSEWAY
NEW SMYRNA BEACH FL 32069**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
	DPS		
	SPENCE, LUCINDA P.		
	1104 N. PENINSULA DR.		
	NEW SMYRNA BEACH FL		
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY ST ZIP	Change	Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY ST ZIP	Change	Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY ST ZIP	Change	Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY ST ZIP	Change	Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY ST ZIP	Change	Addition

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)(b), 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:

Lucinda P. Spence **LUCINDA P. SPENCE**

4/8/95

904-427-3185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NO.