

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT #

1. Corporation Name

SUNSET DONUTS, INC.

434897

95 JUL 18 4:11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001545845

07/25/95--01105--017

***200.00 ***200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

Mailing Address

23924 US HWY 19 NO.
CLEARWATER, FL. 34625

3. Date Incorporated or Qualified
3/5/85

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
58-161 2726

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOTELHO, NORBERTO S
2133 COLLINSWOOD CT.
NEW PORT RICHEY, FL.

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

Norberto S. Botelho

(Typed, printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

NORBERTO S. BOTELHO, PRES.

7/5/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PS
NAME	BOTELHO, NORBERTO S
STREET ADDRESS	2133 COLLINSWOOD CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL.
TITLE	STD
NAME	BOTELHO, MARIA
STREET ADDRESS	2133 COLLINSWOOD CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL.
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

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	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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)(d), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or on an attachment with an address).

SIGNATURE:

Norberto S. Botelho

NORBERTO BOTELHO, PRES

4/27/95

(Signature and typed or printed name of signing officer or director)

Date

Corporate Form 9

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H 413233

1. Corporation Name
HEADWINDS MAINTENANCE, INC.
DBA HEADWINDS REALTY

Principal Place of Business Mailing Address
5413 NW 54 DRIVE
COCONUT CREEK, FL 33073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified FEB 18, 1985 3a. Date of Last Report 1994
4. FEI Number 65-0132503 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 2b. SAME
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
LYNDA C. LEWIS
5413 NW 54 DRIVE
COCONUT CREEK, FL 33073

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

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: *Lynda C. Lewis* 7/6/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	STEVEN D. STETSON PRESIDENT - SECRETARY 5413 NW 54 DRIVE COCONUT CREEK, FL 33073	1. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VICE-PRES TREASURER LYNDA C. LEWIS 5413 NW 54 DRIVE COCONUT CREEK, FL 33073	2. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		7. TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		8. TITLE NAME STREET ADDRESS 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(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or equivalent is the true and accurate report of the corporation and that my signature shall have the same legal effect as a made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or as an attachment with an address.

SIGNATURE: *Lynda C. Lewis* 7/6/95 305 480-6008
LYNDA C. LEWIS