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 -4 PM 11:23

DOCUMENT # **H41231** **(2)**

1. Corporation Name
SUN SURFACES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
4489 36TH ST. ORLANDO FL 32811	4489 36TH ST. ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1985
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2504357 ☐ 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

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

9. Name and Address of Current Registered Agent

DAVIS, TALMON E.
7290 DELLA DR.
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 16143 HARBAR OAKS DRIVE
83:
84 City: MONTVERDE FL 85 Zip Code: 34756

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	11 TITLE		☒ Change ☐ Addition
NAME	DAVIS, TALMON E.	12 NAME		
STREET ADDRESS	7290 DELLA DRIVE	13 STREET ADDRESS	16143 HARBAR OAKS DRIVE	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	STD	21 TITLE		☒ Change ☐ Addition
NAME	DAVIS, MARTHA S.	22 NAME		
STREET ADDRESS	7290 DELLA DR.	23 STREET ADDRESS	16143 HARBAR OAKS DRIVE	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	MONTVERDE FL 34756	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	DAVIS, JOHN T.	32 NAME		
STREET ADDRESS	1215 SW 4TH AVE.	33 STREET ADDRESS	6032 SUNBERRY CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	VD	41 TITLE		☒ Change ☐ Addition
NAME	DAVIS, TALMON A.	42 NAME		
STREET ADDRESS	4004 CABAN CT.	43 STREET ADDRESS	907 GOVERNORS AVENUE	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: T. Davis E. Davis PRESIDENT 1-11-95 (407) 423-3342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TALMON E. DAVIS, PRESIDENT

0000746 CP