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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H79810 (8)

1. Corporation Name

SUNCHASER MARINE, INC.

Principal Place of Business

**7507 S TAMAMI TRAIL
SARASOTA FL 34231-3901**

Mailing Address

**7507 S TAMAMI TRAIL
SARASOTA FL 34231-3901**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/07/1985
3a. Date of Last Report 04/13/1994

4. FBI Number 59-2588302
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**

2. Principal Place of Business

21 1809 Sandalwood Dr

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Sarasota

Zip

24 34231

Country

25 Sarasota

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**DAUNT, JOHN JOSEPH, III
1809 SANDALWOOD DR.
SARASOTA FL 33581**

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

John Joseph Daunt III
Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

11 APR 95

12. OFFICERS AND DIRECTORS

**TITLE PS
NAME DAUNT, JOHN JOSEPH, III
STREET ADDRESS 1809 SANDALWOOD DR.
CITY- ST- ZIP SARASOTA FL**

**TITLE VPT
NAME DAUNT, CAROL MERCHANT
STREET ADDRESS 1809 SANDALWOOD DR.
CITY- ST- ZIP SARASOTA FL**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
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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 110.07(3)(k), 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:

Carol M. Daunt

Carol M. Daunt

4/11/95

813-921-4214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number