

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J00618 (5)

1. Corporation Name

SUN ELECTRIC SERVICE, INC.

Principal Place of Business

Mailing Address

16461-A OLD US 41
FORT MYERS FL 33912

16461-A OLD US 41
FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2642301

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

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATLAND, RUDOLPH K.
12995 CLEVELAND AVE
107
FT MYERS FL 33907

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 his address)

(If 31) Registered Agent signature required when instituting

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT
NAME	BOURQUE, ROBERT J.
STREET ADDRESS	15720 WILDFLOWER DRIVE
CITY, ST, ZIP	FT MYERS FL
TITLE	VS
NAME	BOURQUE, SANDRA
STREET ADDRESS	15720 WILDFLOWER DRIVE
CITY, ST, ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
17 NAME	
18 STREET ADDRESS	
19 CITY, ST, ZIP	300001478043
21 TITLE	-05/08/95--010101010101 Addition
27 NAME	****200.00 ****200.00
28 STREET ADDRESS	
29 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
47 NAME	
48 STREET ADDRESS	
49 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
57 NAME	
58 STREET ADDRESS	
59 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
67 NAME	
68 STREET ADDRESS	
69 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)(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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

9/13 267-7779