

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

95 APR 11 PM 3: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J59718** (3)

1. Corporation Name
SUN COAST SERVICES, INC.

Principal Place of Business % ROBERT F. JENNINGS 3590 BELLE ARBOR CIR. TITUSVILLE FL 32780 US	Mailing Address % ROBERT F. JENNINGS 3590 BELLE ARBOR CIR. TITUSVILLE FL 32780 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/03/1987	3a. Date of Last Report 02/03/1994
4. FEI Number 59-2789802	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 % ROBERT F. JENNINGS	2a. Mailing Address 26
Suite, Apt. #, etc. 22 BUILDING M6-493	Suite, Apt. #, etc. 27
City & State 23 Kennedy Space Center FL	City & State 28
Zip 24 32899-0001	Country 25 US
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**JENNINGS, ROBERT F.
3590 BELLE ARBOR CIR
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME JENNINGS, ROBERT F.	1.1 TITLE P / T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3590 BELLE ARBOR CIR.	CITY-ST-ZIP TITUSVILLE FL	1.2 NAME JENNINGS, LINDA I.	1.3 STREET ADDRESS 3590 BELLE ARBOR CIRCLE
		1.4 CITY-ST-ZIP TITUSVILLE FL 32780	
TITLE VP	NAME PAULDING, ROBERT B.	2.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3924 TANGLEWOOD CIR	CITY-ST-ZIP TITUSVILLE FL	2.2 NAME JENNINGS, ROBERT F.	2.3 STREET ADDRESS 3590 BELLE ARBOR CIRCLE
		2.4 CITY-ST-ZIP TITUSVILLE FL 32780	
TITLE TS	NAME JENNINGS, LINDA	3.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3590 BELLE ARBOR CIR.	CITY-ST-ZIP TITUSVILLE FL	3.2 NAME BARHAM, MONA L.	3.3 STREET ADDRESS 925 CYNTHIA DRIVE
		3.4 CITY-ST-ZIP TITUSVILLE FL 32780	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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: *Linda I. Jennings, President* **4-7-95 407-867-2166**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)