

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **K04633**

(9)

1. Corporation Name

**SUN FOREST INDUSTRIES, INC.**



Principal Place of Business

**% J. ANTHONY CAMPBELL  
8731 OSAGE DR.  
TAMPA FL 33634**

Mailing Address

**% J. ANTHONY CAMPBELL  
8731 OSAGE DR.  
TAMPA FL 33634**

3. Date Incorporated or Qualified  
**11/30/1987**

3a. Date of Last Report  
**05/01/1995**

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

**CAMPBELL, J. ANTHONY  
8731 OSAGE DR.  
TAMPA FL 33634**

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 time if applicable

Signature, typed or printed name of registered agent, and time if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO** ☐ DELETE  
NAME **CAMPBELL, J. ANTHONY**  
STREET ADDRESS **8731 OSAGE DR.**  
CITY- ST- ZIP **TAMPA FL**

11 TITLE

☐ Change ☐ Addition

TITLE **STD** ☐ DELETE  
NAME **CAMPBELL, VICKIE ANN**  
STREET ADDRESS **8731 OSAGE DR.**  
CITY- ST- ZIP **TAMPA FL**

12 NAME

☐ Change ☐ Addition

TITLE **D** ☐ DELETE  
NAME **CAMPBELL, JEFFREY A**  
STREET ADDRESS **7221 FARMHOME LANE**  
CITY- ST- ZIP **CHERRY VALLEY IL**

21 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

22 NAME

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

31 TITLE

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

32 NAME

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

41 TITLE

☐ Change ☐ Addition

SIGNATURE: *Vickie Ann Campbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/29/96*  
DATE

*83-855-2100*  
TELEPHONE NUMBER

CR2E034 (12/95)