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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

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

% J. ANTHONY CAMPBELL
8731 OSAGE DR.
TAMPA FL 33634-1023

3. Date Incorporated or Qualified

11/30/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2860506

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

21 201 GARDEN CIRCLE N.

Suite, Apt. #, etc.

2a. Mailing Address

26 201 GARDEN CIRCLE N

Suite, Apt. #, etc.

22 City & State

23 DUNEDIN, FL

Zip

24 34698

Country

25 PINELLAS

27 City & State

28 DUNEDIN FL

Zip

29 34698

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

201 GARDEN CIRCLE N.

83

84 City DUNEDIN

FL

85 Zip Code

34698

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

J. ANTHONY CAMPBELL

2-17-97

Signature type: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAMPBELL, J. ANTHONY
STREET ADDRESS 8731 OSAGE DR.
CITY-ST-ZIP TAMPA FL

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

201 GARDEN CIRCLE N

1.4 CITY-ST-ZIP

DUNEDIN, FL 34698

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

201 GARDEN CIRCLE N

2.4 CITY-ST-ZIP

DUNEDIN FL 34698

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. ANTHONY CAMPBELL

2-17-97

(813) 855-2100

CR2E034 (9/96)