

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K57120

(3)

1. Corporation Name

SUN AIR RESORTS, INC.

Principal Place of Business

50 SUN AIR BLVD. E.  
HAINES CITY FL 33844

Mailing Address

50 SUN AIR BLVD. E.  
HAINES CITY FL 33844



3. Date Incorporated or Qualified

01/05/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

Country

4. FEI Number

59-2929930

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ XX

\$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

9. Name and Address of Current Registered Agent

~~STRAUGHN, RICHARD E.~~  
~~256 MAGNOLIA AVENUE~~  
~~WINTER HAVEN FL 33880~~

RESIGNED AS AGENT

81 Name

NANCY JAYNE HOMITZ

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

16 BUCK CIRCLE

83

SUN AIR COUNTRY CLUB

84 City

HAINES CITY

FL

85 Zip Code

33844

10. Name and Address of New Registered Agent

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 607.0502, Florida Statutes.

SIGNATURE

*Nancy Jayne Homitz*

NANCY JAYNE HOMITZ

2-23-96

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

LEE, JAY KUN  
50 SUN AIR BLVD. E.  
HAINES CITY FL

STREET ADDRESS

CITY- ST- ZIP

TITLE

VP

☐ DELETE

NAME

GRANT, LAWRENCE S.  
362 VAIL DR.  
WINTER HAVEN FL

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

~~DEBATOR~~

☐ Change

☒ Addition

1.2 NAME

~~NANCY JAYNE HOMITZ~~

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

~~50 SUN AIR BLVD. E. HAINES CITY~~

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change

☐ Addition

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96

813-439-1576

CR2E034 (12/95)