FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:13

DOCUMENT # **K64793** **(8)**

1. Corporation Name
SUNCHASER TOURS, INC.

Principal Place of Business	Mailing Address
% JOHN E. HUDSON 6709 RIDGE ROAD SUITE 200 PORT RICHEY FL 34668	% JOHN E. HUDSON 6709 RIDGE ROAD SUITE 200 PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/10/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2649 ULMERTON Rd	26 2649 ULMERTON Rd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Clearwater FL	28 City & State: Clearwater FL
24 Zip: 34622 25 Country: USA	29 Zip: 34622 30 Country: USA

4. FEI Number: 59-2929643 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HUDSON, JOHN E. 6709 RIDGE ROAD SUITE 200 PORT RICHEY FL 34668	81 Name: Howard H. Brooks 82 Street Address (P.O. Box Number is Not Acceptable): 2649 ULMERTON RD. 83 84 City: CLEARWATER, FL 85 Zip Code: 34622

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: P Howard Brooks 3/28/95
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRES.	☒ Change ☐ Addition
NAME	HUDSON, JOHN E.	12 NAME	HOWARD H. BROOKS	
STREET ADDRESS	6709 RIDGE RD	13 STREET ADDRESS	2649 Ulmerton Rd	
CITY ST ZIP	PORT RICHEY FL	14 CITY ST ZIP	CLEARWATER, FL 34622	
TITLE	VD	21 TITLE	TREASURER / SEC'Y.	☒ Change ☐ Addition
NAME	SLEEMAN, GEORGE K.	22 NAME	DIANE L. BROOKS	
STREET ADDRESS	6709 RIDGE RD	23 STREET ADDRESS	2649 ULMERTON RD.	
CITY ST ZIP	PORT RICHEY FL	24 CITY ST ZIP	CLEARWATER, FL 34622	
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	SILVA, SUE	32 NAME	Delete	
STREET ADDRESS	6709 RIDGE ROAD	33 STREET ADDRESS		
CITY ST ZIP	PORT RICHEY FL	34 CITY ST ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	NAGELKERK, THOMAS	42 NAME	Delete	
STREET ADDRESS	6709 RIDGE RD	43 STREET ADDRESS		
CITY ST ZIP	PORT RICHEY FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: Howard Brooks HOWARD BROOKS 3/28/95 (813) 572-4443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0946406 CP