# 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

FILED
95 AUG -3 AM 9:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K65230 (0)

1. Corporation Name
SUNSET PASS LAND COMPANY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % 420 EAST PINE STREET<br>CRESTVIEW FL 32536-2808 | % 420 EAST PINE STREET<br>CRESTVIEW FL 32536-2808 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1989
3a. Date of Last Report: 05/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 144 Troy Circle |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 Fort Walton Beach, FL |
| City & State 23 | City & State 28 32548 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

4. FEI Number: 59-3048541 ☐ 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

ANCHORS, C. LEDON
909 MAR WALT DRIVE, SUITE 1014
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | DVP ☐ Change ☐ Addition |
| NAME | CADENHEAD, CHRIS | 12 NAME | MOHANNAD S. MALAS |
| STREET ADDRESS | 420 EAST PINE STREET | 13 STREET ADDRESS | #120-1536 DUNWOODY VILLAGE PKWY |
| CITY ST ZIP | CRESTVIEW FL | 14 CITY ST ZIP | DUNWOODY GA. 30338 |
| TITLE | V | 21 TITLE | ☐ Change ☒ Addition |
| NAME | HARRIS, GEORGE DANA D | 22 NAME | PD |
| STREET ADDRESS | 420 E. PINE STREET | 23 STREET ADDRESS | FRANK BAILEY |
| CITY ST ZIP | CRESTVIEW FL 32536 | 24 CITY ST ZIP | 114 TROY CIRCLE<br>FORT WALTON BEACH, FL 32548 |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | ST |
| STREET ADDRESS | | 33 STREET ADDRESS | JO BAILEY |
| CITY ST ZIP | | 34 CITY ST ZIP | 114 TROY CIRCLE<br>FORT WALTON BEACH, FL 32548 |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 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: Gary R Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470061 FP