

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04769** (0)

1. Corporation Name
SUNLIGHT CONSULTANTS, INC.

Principal Place of Business Mailing Address
379 EAST JEFFERSON QUINCY FL 32351 **P.O. BOX 534 QUINCY FL 32353 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/27/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2965740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent FIXEL, ARTHUR R. 318 E. KING QUINCY FL 32351	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 *Arthur R. Fixel* DATE **4/27/95**
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP FIXEL, ARTHUR R. 318 E. KING QUINCY FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D FIXEL, CAROLYN W. 318 E. KING QUINCY FL	7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: *Arthur R. Fixel* DATE **4/27/95** **904-875-2487**
Signature typed or printed name of signing officer or director.