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FILED  
May 02 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 # L32619 (3)  
1. Corporation Name  
SUNGATE CONSTRUCTION, INC.



Principal Place of Business Mailing Address  
4481 ST JOHNS AVE P.O. BOX 37351  
JACKSONVILLE FL 32210 JACKSONVILLE FL 32236-7351

2. Principal Place of Business 2a. Mailing Address

21 4340 Burgundy Rd. S 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 JACKSONVILLE FL. 28

24 32210 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

DANIELS, DAVID A  
6455 SAN JUAN., #54  
JACKSONVILLE FL 32210

3. Date Incorporated or Qualified 3a. Date of Last Report  
11/27/1989 07/31/1996

4. FEI Number Applied For  
59-2980317 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

10. Name and Address of New Registered Agent

81 Name DANIELS, DAVID A  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 4340 BURGUNDY Rd. S  
84 City JACKSONVILLE FL 85 Zip Code 32210

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 David Alan Daniels 24 April 97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE CD  
NAME DANIELS, TARA R  
STREET ADDRESS 6455 SAN JUAN., #54  
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ DELETE

TITLE PD  
NAME DANIELS, DAVID A  
STREET ADDRESS 6455 SAN JUAN., #54  
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
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

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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] (904) 908-6007

CR2E034 (9/96)