FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L33041** **(9)**

1. Corporation Name

SUN ROOM CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
~~4161 ST. JOHNS AVENUE~~ ~~JACKSONVILLE FL 32210~~	~~4161 ST. JOHNS AVENUE~~ ~~JACKSONVILLE FL 32210~~

3. Date Incorporated or Qualified: **11/27/1989**	3a. Date of Last Report: **01/18/1995**
4. FEI Number: **59-2980677**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1814 POWELL PLACE	26 1814 POWELL PLACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE, FL.	City & State 28 JACKSONVILLE, FL.
Zip 24 32205 Country 25 USA	Zip 29 32205 Country 30 USA

9. Name and Address of Current Registered Agent

YARBOROUGH, JERRY O.
1814 POWELL PLACE
JACKSONVILLE FL 32205

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: Jerry O. Yarbrough — 1-18-96
(Name typed or printed of registered agent and title if officer) (Required Registered Agent signature for registered agent changes) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	YARBOROUGH, MARGARET M.		1.2 NAME		
STREET ADDRESS	1814 POWELL PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	YARBOROUGH, JERRY O		2.2 NAME		
STREET ADDRESS	1814 POWELL PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	~~VPST~~	☒ DELETE	3.1 TITLE	VPST	☐ Change ☒ Addition
NAME	~~CORLEY, ALDEN P.~~		3.2 NAME	HILDEBRAND, DAVID	
STREET ADDRESS	~~1710 POPLAR DR.~~		3.3 STREET ADDRESS	12565 ALLPORT ROAD	
CITY-ST-ZIP	~~ORANGE PARK FL~~		3.4 CITY-ST-ZIP	JACKSONVILLE, FLORIDA	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Jerry O. Yarbrough — 1-18-96 — 904-388-2509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #