

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

**APPROVED AND FILED**

**95 APR 24 PH 2: 53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L34352 (9)**

**1. Corporation Name  
SUNTIDE CORPORATION**

**Principal Place of Business      Mailing Address**  
**1/ CATALANO FISHER & GREGORY CHARTERED      1/ CATALANO FISHER & GREGORY CHARTERED**  
**4001 TAMAMI TRAIL N. STE 404      4001 TAMAMI TRAIL N. STE 404**  
**NAPLES FL 33940      NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified      3a. Date of Last Report**  
**12/04/1989      05/01/1994**

**2. Principal Place of Business      2a. Mailing Address**  
**21      26**

**4. FEI Number      Applied For**  
**65-0187109      Not Applicable**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**5. Certificate of Status Desired      \$8.75 Additional Fee Required**

City & State      City & State

**6. Election Campaign Financing      \$5.00 May Be Added to Fees**  
 Trust Fund Contribution     

Zip      Country      Zip      Country

**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes      Yes  No**

24      25      29      30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CATALANO, FISHER & GREGORY, CHARTERED  
4001 TAMAMI TRAIL N, STE 404  
NAPLES FL 33940**

**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**

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signatures required when rechartering

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	DP
NAME	JOHNSTONE, JUDITH G
STREET ADDRESS	354 OAK AVE
CITY-ST-ZIP	NAPLES FL 33963
TITLE	DVST
NAME	JOHNSTONE, M INGE
STREET ADDRESS	354 OAK AVE
CITY-ST-ZIP	NAPLES FL 33963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33963
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	33963
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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:**

*M. Inge Johnstone*  
 SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR

APR 31 / 95      566-8611  
 DATE      Telephone Number