

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L95859

(9)

1. Corporation Name

THE SUNSPORTS COMPANY

FILED
95 AUG -8 AM 10:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

203 W PLATT ST
TAMPA FL 33629
US

Mailing Address

3225-104 SOUTH MACDILL AVENUE
TAMPA FL 33629

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/27/1990

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3029011

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 2810 E LONG ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAMPA, FL

28

Zip

Country

Zip

Country

24 33605

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, STEPHEN J.
203 W PLATT ST
TAMPA FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2810 E LONG ST

83

84 City

TAMPA

FL

85

Zip Code

33605

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 signature required when reinstating)

DATE

STEPHEN J. WILLIAMS, PRESIDENT

7/24/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTS
NAME	WILLIAMS, STEPHEN J.
STREET ADDRESS	203 W PLATT ST
CITY - ST - ZIP	TAMPA FL
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	PTS	☒ Change ☐ Addition
1.2 NAME	WILLIAMS, STEPHEN J.	
1.3 STREET ADDRESS	2810 E LONG ST	
1.4 CITY - ST - ZIP	TAMPA, FL 33605	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN J. WILLIAMS, PRESIDENT 7/24/95 813.247.7889