

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L98892

(7)

1. Corporation Name

SUNRISE HOME SERVICES, INC.

Principal Place of Business

275 TONEY PENNA DR.
SUITE 10
JUPITER FL 33458

Mailing Address

275 TONEY PENNA DR.
SUITE 10
JUPITER FL 33458

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

KUNKLE, CRAIG B. JR.
275 TONEY PENNA DRIVE, SUITE 10
JUPITER FL 33458

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated For Qualified

09/06/1990

3a. Date of Last Report

04/13/1995

4. FEE Number

65-0236961

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

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Section 609.02, Florida Statutes, I, the undersigned, hereby accept the appointment as registered agent of the corporation named herein for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am a resident of the State of Florida and I am a resident of the State of Florida. I hereby accept the appointment as registered agent of the corporation named herein for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE

12.

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

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13.

1 NAME

2 NAME

3 STREET ADDRESS

4 CITY, ST, ZIP

5 NAME

6 NAME

7 STREET ADDRESS

8 CITY, ST, ZIP

9 NAME

10 NAME

11 STREET ADDRESS

12 CITY, ST, ZIP

13 NAME

14 NAME

15 STREET ADDRESS

16 CITY, ST, ZIP

17 NAME

18 NAME

19 STREET ADDRESS

20 CITY, ST, ZIP

21 NAME

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

25 NAME

26 NAME

27 STREET ADDRESS

28 CITY, ST, ZIP

29 NAME

30 NAME

ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E034 (12/95)