

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 PM 12:47

DOCUMENT # N14468 (5)

1. Corporation Name

SUNSET R/C, INC.

Principal Place of Business

Mailing Address

P.O. BOX 701961
ST. CLOUD FL 34770
US

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ST. CLOUD FL 34770
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/18/1986

02/02/1994

4. FEI Number

Applied For

NOT APPLICABLE

X 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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUDDIMAN, LINDA S.
1112 CYPRESS AVENUE
ST. CLOUD FL 32769

Check # 734

81 Name

Willis Crawford

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

98 Citrus Drive

83

84 City

Kissimmee

FL

85 Zip Code

34734

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 Willis Crawford

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

(NOTE: Registered Agent signature required when resigning)

Willis Crawford

25/Jan/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MUDDIMAN, DONALD A.
STREET ADDRESS	1112 CYPRESS AVENUE
CITY-ST-ZIP	ST. CLOUD FL
TITLE	VD
NAME	SQUIRES, JAMES C.
STREET ADDRESS	625 OREGON AVENUE
CITY-ST-ZIP	ST. CLOUD FL
TITLE	SD
NAME	MUDDIMAN, LINDA S.
STREET ADDRESS	1112 CYPRESS AVE.
CITY-ST-ZIP	ST. CLOUD FL
TITLE	TD
NAME	MCCORKLE, STEVE
STREET ADDRESS	4845 HIDDEN LANE
CITY-ST-ZIP	ST CLOUD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS	Hunter Culbertson	
1.4 CITY-ST-ZIP	610 Alabama Ave.	
2.1 TITLE	ST. CLOUD FL. 34769	☒ Change ☐ Addition
2.2 NAME	John Fulton	
2.3 STREET ADDRESS	7 Paquin Dr.	
2.4 CITY-ST-ZIP	ST. Cloud FL 34769	
3.1 TITLE	SD	☐ Change ☒ Addition
3.2 NAME	Willis Crawford	
3.3 STREET ADDRESS	98 Citrus Drive	
3.4 CITY-ST-ZIP	Kissimmee FL 34743	
4.1 TITLE	TD	☐ Change ☒ Addition
4.2 NAME	James Squires	
4.3 STREET ADDRESS	625 Oregon Ave	
4.4 CITY-ST-ZIP	St. Cloud FL 34769	
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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Squires

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Squires

Jan-25-1995

407-892-0424