FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N14468 (5)

1. Corporation Name

SUNSET R/C, INC.

Principal Place of Business: P.O. BOX 701961, ST. CLOUD FL 34770, US

Mailing Address: P.O. BOX 701961, ST. CLOUD FL 34770, US

3. Date Incorporated or Qualified: 04/18/1986

3a. Date of Last Report: 02/01/1995

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 |
City & State
23 |
Zip 24 | Country 25 |

2a. Mailing Address
26 |
Suite, Apt. #, etc.
27 |
City & State
28 |
Zip 29 | Country 30 |

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent

CRAWFORD, WILLIS
98 CITRUS DRIVE
KISSIMMEE FL 34734

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: CULBERTSON, HUNTER STREET ADDRESS: 610 ALABAMA AVE CITY-ST-ZIP: ST. CLOUD FL	☒ DELETE	1.1 TITLE: PD 1.2 NAME: Tom Lewis 1.3 STREET ADDRESS: 3069 Cross Creek Ct. 1.4 CITY-ST-ZIP: St. Cloud FL 34769	☒ Change ☐ Addition
TITLE: VD NAME: FULTON, JOHN STREET ADDRESS: 7 PAQUIN DR CITY-ST-ZIP: ST. CLOUD FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: SD NAME: CRAWFORD, WILLIS STREET ADDRESS: 98 CITRUS DRIVE CITY-ST-ZIP: KISSIMMEE FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: TD NAME: SQUIRES, JAMES STREET ADDRESS: 625 OREGON AVE CITY-ST-ZIP: ST CLOUD FL	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 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 *James Squires* 1-22-96 407 892 0424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)