

ck# 1963

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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34770-1961
US



3. Date Incorporated or Qualified
04/18/1986

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

10. Name and Address of New Registered Agent

CRAWFORD, WILLIS
98 CITRUS DRIVE
KISSIMMEE FL 34734

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, TOM	
STREET ADDRESS	3069 CROSS CREEK CT	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FULTON, JOHN	
STREET ADDRESS	7 PAQUIN DR	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CRAWFORD, WILLIS	
STREET ADDRESS	98 CITRUS DRIVE	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SQUIRES, JAMES	
STREET ADDRESS	625 OREGON AVE	
CITY-ST-ZIP	ST CLOUD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOEL EARLY	
1.3 STREET ADDRESS	555 MOONLIGHT CT	
1.4 CITY-ST-ZIP	ST. CLOUD, FL 34771	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TOM LEWIS	
2.3 STREET ADDRESS	3069 CROSS CREEK CT	
2.4 CITY-ST-ZIP	ST. CLOUD, FL 34769	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVID EARLY	
4.3 STREET ADDRESS	555 MOONLIGHT CT.	
4.4 CITY-ST-ZIP	ST. CLOUD FL 34771	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Willis Crawford* REQUIRED CRAWFORD 3/2/97 (407)824-9270

CR2E037 (9/96)