FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION

	NPROFIT		·)	RTMENT OF STATE	Feb 16 1998 8:00am
	rporation Jal report		(6)	B. Mortham	
	1998		7	ary of State CORPORATIONS	Secretary of State
		2011			
DOCUI 1. Corporation	MENT #	N14468	(5)		
SUNS	et R/C, Inc.				
Principal Place	e of Business	***************************************	Mailing Address		
P.O. BOX 7019 ST. CLOUD FL			P.O BOX 701961 ST. CLOUD FL 34770		3. Date Incorporated or Qualified
US	· VIII · V		US		04/18/1986 4. FEI Number Applied For
<u></u>					NOT APPLICABLE V Not Applicable
⊢ -1 ′	lace of Business		2a. Mailing Address		5. Certificate of Status Desired S8.75 Additional
Suite, Apt.	#, etc.	·	Sulte, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22			27		Trust Fund Contribution Added to Fees
City & State	е		City & State		7. Is this nonprofit corporation a homeowners association?
Zip		Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	Address of Current Re	29	30	Personal Property Tax due June 30. Yes X No 10. Name and Address of New Registered Agent
	\$, Nano and	AGGIOSE DI ODITOTO IN	agistatan vilani	81 Name	
HUN7					HUNTER CULDERTSON Address (P.O. Box Number is Not Acceptable)
	IUS DRIVE			83 30	37 LIVE OAK BLYD
KISSIMIN	MEE FL 34734			*\\	
				84 City S	T Cloup FL 85 399371
11. Pursuant office or r	to the provisions of	of Sections 617.0502 are both, in the State of F	nd 617.1508, Florida Statu Florida, Such change was	ites, the above-named authorized by the corr	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	m familiar with, an	d account the abliquitor			poration's board of directors, I hereby accept the appointment as registered
	11 000	id accept the obligation	ns of, Section 617.0503, F	forida Statutes.	Lieb 2 1098
SIGNATURE _	HUNTER	od name of registered agent an	300 Stut	Jorida Statules. TE: Registered Agent signature	required when reinstating) FLB Z J1998
12.	HUNTER Signature, typed or print	Culbert	d title if applicable (NO	TE: Registered Agent signature 13.	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	HUNTER Signature, typed or print VO	od name of registered agont an OFFICERS AND D	d little # applicable (NO	TE: Registered Agent signature 13. 1.1 TITLE	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
12.	Signature, typed or print VD LEWIS, TOM	od name of registered agont an OFFICERS AND D	d title if applicable (NO	TE: Registered Agent signature 13.	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
12. TITLE NAME	HUNTER Signature, typed or print VO	od name of registered agent an OFFICERS AND D	of title if applicable (NO)	TE: Rogistered Agent signature 13. 1.1 TITLE 12 NAME	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/D EARLY , Joel 535 Moonlight CT ST. CLOUD FL 34771
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD LEWIS, TOM 3069 CROSS ST. CLOUD	od neme of registered agont an OFFICERS AND D CREEK CT	d title if applicable (NO	TE: Rogistered Agent signature 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	PLB 2,1998 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PLB Change Addition EARLY , JOEL 535 MOONLIGHT CT ST. CLOUD FL 34771 VID Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD LEWIS, TOM 3069 CROSS ST. CLOUD PD EARLY, JOEI	od neme of registered agont an OFFICERS AND D CREEK CT FL	of title if applicable (NO)	TE: Rogistered Agent signature 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME	PPD 2 1998 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PPD Addition EARLY JOEL 535 MOONLIGHT CT ST. CLOUD FL 34771 VID Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VD LEWIS, TOM 3069 CROSS ST. CLOUD PD EARLY, JOEI 555 MOONLI	OFFICERS AND D CREEK CT FL L GHT CT	of title if applicable (NO)	TE: Rogistered Agent signature 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/D EARLY JOEL 535 MOONLIGHT CT ST. CLOUD FL 34771 V/D LEWIS TOM Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD LEWIS, TOM 3069 CROSS ST. CLOUD PD EARLY, JOEI 555 MOONLI ST. CLOUD	OFFICERS AND D CREEK CT FL L GHT CT	of title if applicable (NO)	TE: Rogistered Agent signature 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY - ST-ZIP 2.1 TITLE 2.2 NAME	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/D EARLY , JOEL 535 MOONLIGHT CT ST. CLOUD FL 34771 V/D LEWIS TOM 3069 CROSS CREEK CT ST CLOUD FL 34769
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD LEWIS, TOM 3069 CROSS ST. CLOUD PD EARLY, JOEI 555 MOONLI ST. CLOUD SD CRAWFORD, 98 CITRUS D KISSIMMEE TD	OFFICERS AND D OFFICERS AND D CREEK CT FL WILLIS ORIVE FL	d little Wapplicable (NO) IRECTORS DELETE	TE: Rogistered Agent signature 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 P/D EARLY , JOEL 535 MOONLIGHT CT ST. CLOUD FL 34771 V/D LEWIS TOM 3069 CROSS CREEK CT ST CLOUD FL 34769
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6.4 CITY-ST-ZIP

14. I 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: HUNTER CULBERTS

FILED