

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

04/18/1986

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 HUNTER CULBERTSON
82 Street Address (P.O. Box Number is Not Acceptable) 2037 LIVE OAK BLVD
83 City ST CLOUD
84 State FL
85 Zip Code 34771

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 **HUNTER CULBERTSON**

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

Hunter Culbertson

(NOTE: Registered Agent signature required when reinstating)

FEB 2, 1998

DATE

12. OFFICERS AND DIRECTORS	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME LEWIS, TOM	
STREET ADDRESS 3069 CROSS CREEK CT	
CITY-ST-ZIP ST. CLOUD FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME EARLY, JOEL	
STREET ADDRESS 555 MOONLIGHT CT	
CITY-ST-ZIP ST. CLOUD FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME CRAWFORD, WILLIS	
STREET ADDRESS 98 CITRUS DRIVE	
CITY-ST-ZIP KISSIMMEE FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME EARLY, DAVID	
STREET ADDRESS 555 MOONLIGHT CT	
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 P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME EARLY, JOEL	
1.3 STREET ADDRESS 555 MOONLIGHT CT	
1.4 CITY-ST-ZIP ST. CLOUD FL 34771	
2.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME LEWIS, TOM	
2.3 STREET ADDRESS 3069 CROSS CREEK CT	
2.4 CITY-ST-ZIP ST CLOUD FL 34769	
3.1 TITLE S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME CULBERTSON, HUNTER	
3.3 STREET ADDRESS 2037 LIVE OAK BLVD	
3.4 CITY-ST-ZIP ST CLOUD FL 34771	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 CULBERTSON**

Hunter Culbertson

FEB 2, 1998

(407) 892-6721

CR2E037 (10/97)