

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29779** (8)

1. Corporation Name

FLORIDA SUN CATS, INC.



Principal Place of Business % SUE VICKERMAN 1015 ARTHUR MOORE DRIVE GREEN COVE SPRINGS FL 32043	Mailing Address % SUE VICKERMAN 1015 ARTHUR MOORE DRIVE GREEN COVE SPRINGS FL 32043
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3. Date Incorporated or Qualified 12/19/1988
4. FEI Number 65-0060040
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country CLAY	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country CLAY
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent REARK, BARBARA 5805 AVENUE E BOX 624 MCINTOSH FL 32684	10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JONES, SUSAN 507-226 NW 39 ROAD GAINESVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT SUZANNE HANSEN 11627 Tanager DR. JACKSONVILLE FL, 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANSEN, SUZANNE 11627 Tanager DR JACKSONVILLE, FL JACKSONVILLE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICG-PRESIDENT JOYCE BRYAN 4774 LEOPARD CIRCLE MIDDLEBURG, FL. 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CUPO, GERI 903 PALERMO RD ST AUGUSTINE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SECRETARY SUSAN JONES 507-226 NW 39 RD GAINESVILLE, FL. 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REARK, BARBARA 5805 AVE E MCINTOSH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TREASURER SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ASSIST. TREASURER RAY VICKERMAN 1015 ARTHUR MOORE DRIVE GREEN COVE SPRINGS, FL. 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 _____ 3/13/98 (305) 191-2792

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