

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 # N94000004157 (3)

1. Corporation Name

SUN TRAVELERS, INC.



Principal Place of Business

14142 SW 8TH AVE
OCALA FL 34473

Mailing Address

14142 SW 8TH AVE
OCALA FL 34473

3. Date Incorporated or Qualified
08/24/1994

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3265679

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

**MURTY, STEPHEN G ESQ
777 BRICKELL AVE SUITE 1114
MIAMI FL**

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 **Stephen G Murty**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-96

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE
NAME **WHITENER, BARNEY**
STREET ADDRESS **14142 SW 8TH AVE**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **DV** ☒ DELETE
NAME **BATEMAN, DON**
STREET ADDRESS **14142 SW 8TH AVE**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **DS** ☒ DELETE
NAME **BATEMAN, SHIRLEY**
STREET ADDRESS **14142 SW 8TH AVE**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **DT** ☐ DELETE
NAME **MURTY, ANN**
STREET ADDRESS **14142 SW 8TH AVE**
CITY-ST-ZIP **OCALA FL 34473**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D President** ☐ Change ☒ Addition
1.2 NAME **MANNY Costa**
1.3 STREET ADDRESS **5608 SW 107th St.**
1.4 CITY-ST-ZIP **Ocala, FL 34476-7223**

2.1 TITLE **D Vice-Pres** ☐ Change ☒ Addition
2.2 NAME **Calvin Johnson**
2.3 STREET ADDRESS **4079 S. Spring Song Terr**
2.4 CITY-ST-ZIP **Homosassa, FL 34446**

3.1 TITLE **D Secretary** ☐ Change ☒ Addition
3.2 NAME **Jeanette Dawson**
3.3 STREET ADDRESS **2169 S. Moonlit Point**
3.4 CITY-ST-ZIP **Homosassa, FL 34448**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **500001730429** ☐ Change ☐ Addition
5.2 NAME **-03/04/96--01035--012**
5.3 STREET ADDRESS *****61.25**
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: **Ann Murty, Tres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Murty

1-27-96

Date

852-854-3898

Daytime Phone #

CR2E037 (12/95)