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FILED

Jan 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 34473-83593. Date Incorporated or Qualified  
08/24/19943a. Date of Last Report  
03/01/19664. FEI Number  
59-3265679Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

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 MURTY, STEPHEN G ESQ.

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1-11-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME COSTA, MANNY  
STREET ADDRESS 5608 SW 107TH ST.  
CITY-ST-ZIP Ocala FL 34476-92231.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE DVP ☒ DELETE  
NAME JOHNSON, CALVIN  
STREET ADDRESS 4079 S. SPRING SONG TERR.  
CITY-ST-ZIP HOMOSASSA FL 344482.1 TITLE ☒ Change ☐ Addition  
2.2 NAME DVP  
2.3 STREET ADDRESS MATINGLY, MARJORIE  
2.4 CITY-ST-ZIP 4344 W. GLEN ST  
LECANO FL 34461TITLE DS ☐ DELETE  
NAME DAWSON, JEANETTE  
STREET ADDRESS 2169 S. MOONLIT POINT  
CITY-ST-ZIP HOMOSASSA FL 344483.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE DT ☒ DELETE  
NAME MURTY, ANN  
STREET ADDRESS 14142 SW 8TH AVE  
CITY-ST-ZIP Ocala FL 344734.1 TITLE ☒ Change ☐ Addition  
4.2 NAME DT  
4.3 STREET ADDRESS WITKOWSKI, MARJORIE  
4.4 CITY-ST-ZIP 2041 S. MOONLIT PT  
HOMOSASSA FL 34448TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-97

Date

352-628-1760

Daytime Phone # 0085772

CFR2E037 (9/96)