


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

Mailing Address

14142 SW 8TH AVE
OCALA FL 34473

14142 SW 8TH AVE
OCALA FL 34473



3. Date Incorporated or Qualified

08/24/1994

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip 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

1-26-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME **DP COSTA, MANNY**
 STREET ADDRESS **5808 SW 107TH ST.**
 CITY-ST-ZIP **OCALA FL 34476-9223**

1.1 TITLE ☒ Change ☐ Addition

NAME **DP MARJORIE MATTINGLY**
 STREET ADDRESS **4344 W GLEN ST.**
 CITY-ST-ZIP **LECANTO, FL. 34461**

TITLE ☒ DELETE

NAME **DS DAWSON, JEANETTE**
 STREET ADDRESS **2169 S. MOONLIT POINT**
 CITY-ST-ZIP **HOMOSASSA FL 34448**

2.1 TITLE ☒ Change ☐ Addition

NAME **DS JOHNSON, MARCELLA**
 STREET ADDRESS **4079 S. SPRING SONY TERR**
 CITY-ST-ZIP **HOMOSASSA, FL. 34446**

TITLE ☒ DELETE

NAME **DVP MATTINGLY, MARJORIE**
 STREET ADDRESS **4344 W GLEN ST**
 CITY-ST-ZIP **LECANTO FL**

3.1 TITLE ☒ Change ☐ Addition

NAME **DVP SPADARO, FRANK**
 STREET ADDRESS **26451 POWELL Rd #425**
 CITY-ST-ZIP **DUNNELLON FL. 34431**

TITLE ☒ DELETE

NAME **DT WITKOWSKI, MARJORIE**
 STREET ADDRESS **2041 S MOONLIT PT**
 CITY-ST-ZIP **HOMOSASSA FL**

4.1 TITLE ☒ Change ☐ Addition

NAME **DT CAVERLY, DAWN**
 STREET ADDRESS **26451 POWELL Rd #1**
 CITY-ST-ZIP **DUNNELLON, FL. 34431**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: [Signature]

1-26-98 (352)

CR2E037 (1097)