

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 # N94000004861 (0)

1. Corporation Name

SUNSHINE STATE MOUNTED DRILL TEAM ASSOCIATION, INC.

Principal Place of Business

3065 HATTON STREET
SARASOTA FL 34237

Mailing Address

3065 HATTON STREET
SARASOTA FL 34237



3. Date Incorporated or Qualified
10/03/1994

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

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

WRIGHT, PETER
2929 SALEM AVENUE
SARASOTA FL 34232

81

Name PETER WRIGHT

82

Street Address (P.O. Box Number is Not Acceptable)

83

3947 TAMPICO DR.

84

City

SARASOTA

FL

85

Zip Code
34235

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WRIGHT, PETE
STREET ADDRESS 2929 SALEM AVE
CITY-ST-ZIP SARASOTA FL

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3947 TAMPICO DR.

SARASOTA, FL 34235

☒ Change ☐ Addition

TITLE DVP
NAME BROOKER, MARK
STREET ADDRESS 3065 HATTON ST
CITY-ST-ZIP SARASOTA FL

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME WRIGHT, VICKI
STREET ADDRESS 2929 SALEM AVE
CITY-ST-ZIP SARASOTA FL

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DR

3947 TAMPICO DR.

SARASOTA, FL 34235

☒ Change ☐ Addition

TITLE DT
NAME WILLIAMS, MELODIE
STREET ADDRESS 16021 W MELBUSH AVE
CITY-ST-ZIP SARASOTA FL

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

MELODIE WILLIAMS

16021 WINBUSH DR. S.

SARASOTA, FL 34240

☒ Change ☐ Addition

TITLE D
NAME WILLIAMS, JEANETTE
STREET ADDRESS 16021 WINSTON DR S
CITY-ST-ZIP SARASOTA FL

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

16021 WINBUSH DR. S.

SARASOTA, FL 34240

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Melodie J Williams MELODIE J WILLIAMS 3-15-96 941-322-1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)