SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 JUL 21 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001545928
-07/25/95--01116--008
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000024937 (3)

1. Corporation Name
FUN IN THE SUN RECREATIONS, INC.

Principal Place of Business	Mailing Address
2184 BRIARWAY DR CLEARWATER FL 34623	2184 BRIARWAY DR CLEARWATER FL 34623

3. Date Incorporated or Qualified: 04/05/1993
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-3198191 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29; County — 25 / 30

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 interest for intangible tax under s. 199.023, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DANIEL, ROBERT E
2184 BRIARWAY DR
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 TITLE — ☐ Change ☐ Addition
NAME	DANIEL, ROBERT E	1 NAME
STREET ADDRESS	2184 BRIARWAY DR	1 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER FL 34623	1 CITY-ST-ZIP
TITLE	D	2 TITLE — ☐ Change ☐ Addition
NAME	NICKERSON, JILL A	2 NAME
STREET ADDRESS	2184 BRIARWAY DR	2 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER FL 34623	2 CITY-ST-ZIP
TITLE		3 TITLE — ☐ Change ☐ Addition
NAME		3 NAME
STREET ADDRESS		3 STREET ADDRESS
CITY-ST-ZIP		3 CITY-ST-ZIP
TITLE		4 TITLE — ☐ Change ☐ Addition
NAME		4 NAME
STREET ADDRESS		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE		5 TITLE — ☐ Change ☐ Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE		6 TITLE — ☐ Change ☐ Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 CITY-ST-ZIP (Late Fee Waived) SCC 7-21-95

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] JILL A. NICKERSON — 7/7/95 — 813-734-0799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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