

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000043635 (0)

1. Corporation Name

SUNSHINE RV RENTALS, INC.



Principal Place of Business

4571 CLARK ROAD
SARASOTA FL 34233

Mailing Address

4571 CLARK ROAD
SARASOTA FL 34233

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

9. Name and Address of Current Registered Agent

KOSTA, BARBARA
4571 CLARK ROAD
SARASOTA FL 34233

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 607.1506, 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

(Signature, typed or printed name of registered agent and fee application)

(NOTE: Registered Agent signature required with change of office)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
D
KOSTA, MONTY
1230 GRAHAM ROAD
VENICE FL

1.2 NAME
1.3 STREET ADDRESS

CITY-STATE-ZIP ☐ DELETE

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
V
PIEHLER, DAVID W
7039 STRAWBERRY STREET
ENGLEWOOD FL

2.1 TITLE
2.2 NAME

STREET ADDRESS ☐ DELETE

2.3 STREET ADDRESS

CITY-STATE-ZIP
S
KOSTA, BARBARA A
1230 GRAHAM ROAD
VENICE FL

2.4 CITY-STATE-ZIP
3.1 TITLE

TITLE ☐ DELETE

3.2 NAME ☐ Change ☐ Addition

NAME
T
PIEHLER, JANE
7039 STRAWBERRY STREET
ENGLEWOOD FL

3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

STREET ADDRESS ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

CITY-STATE-ZIP
TITLE
NAME

4.2 NAME
4.3 STREET ADDRESS

STREET ADDRESS ☐ DELETE

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

CITY-STATE-ZIP
TITLE
NAME

5.1 TITLE
5.2 NAME

STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara A Kosta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fee:

(941) 925-8872

Customer Phone #

CR2E034 (12/95)