

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 # P93000046565 (6)

1. Corporation Name

SUN-LAKES (F.E.) MANAGEMENT INC.



Principal Place of Business

1633 EAST VICE STREET
SUITE 201
KISSIMMEE FL 34744
US

Mailing Address

1633 EST VINE STREET
SUITE 20
KISSIMMEE FL 34744
US

2. Principal Place of Business

21 1633 EAST VINE STREET

Suite, Apt. #, etc.

22 SUITE 201

City & State

23 KISSIMMEE FL

Zip

24 34744

Country

25 US

2a. Mailing Address

26 1633 EAST VINE STREET

Suite, Apt. #, etc.

27 SUITE 201

City & State

28 KISSIMMEE FL

Zip

29 34744

Country

30 US

3. Date Incorporated or Qualified

07/02/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3198222

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

HAWKINS, TERENCE S.
1641 EAST LUND AVENUE
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

HAWKINS TERENCE S.

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

215 KELLWOOD COURT

83

84 City

KISSIMMEE

FL

85 Zip Code

34743

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

Signature of agent or principal of registered agent and title if applicable.

TERENCE S. HAWKINS PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME S HAWKINS, JANE C

STREET ADDRESS 1641 EAST LUND AVENUE

CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME S HAWKINS JANE C.

1.3 STREET ADDRESS 215 KELLWOOD COURT

1.4 CITY-ST-ZIP KISSIMMEE FL 34743

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERENCE S. HAWKINS PRESIDENT

4/30/96

DATE

407-847-0092

Daytime Phone #

CR2E034 (12/95)