FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:17

DOCUMENT # **P93000054698 (4)**

1. Corporation Name
BOONCHUN SWEENEY INC.

Principal Place of Business	Mailing Address
280 BEACHVIEW DR., NE FT. WALTON BEACH FL 32547	280 BEACHVIEW DR., NE FT. WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1993	3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-3193541	☐ 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 § 199.052, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

SWEENEY, BOONCHUN
280 BEACHVIEW DR., NE
FT. WALTON BEACH FL 32547

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BOONCHUN, SWEENEY	12 NAME	
STREET ADDRESS	280 BEACHVIEW DR., NE	13 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	14 CITY-ST-ZIP	
TITLE		21 TITLE V	☐ Change ☒ Addition
NAME		22 NAME Brian Mundy	
STREET ADDRESS		23 STREET ADDRESS 280 Beachview Dr, N.E.	
CITY-ST-ZIP		24 CITY-ST-ZIP Ft. Walton Beach, FL 32547	
TITLE		31 TITLE T	☐ Change ☒ Addition
NAME		32 NAME Simmie Jones	
STREET ADDRESS		33 STREET ADDRESS 280 Beachview Dr, N.E.	
CITY-ST-ZIP		34 CITY-ST-ZIP Ft. Walton Beach, FL 32547	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this report is true, complete and current and that it complies with the applicable requirements of Section 607.1622, Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and accurate and that my signature shall be a continuing affirmation of such truth. 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 above, or on an attachment with an address.

SIGNATURE: /Boonchun Sweeney Boonchun Sweeney 2-10-95 904-862-2564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

038070 CP