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FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000000445 (4)

1. Corporation Name  
SUN PALM HARBOR, INC.



Principal Place of Business

12954 N. DALE MABRY HWY.  
TAMPA FL 33618  
US

Mailing Address

12954 N. DALE MABRY HWY.  
TAMPA FL 33618-2806  
US

2. Principal Place of Business

21 11015 N. Dale Mabry Hwy.  
Suite, Apt. #, etc.

22 City & State  
23 Tampa, FL

24 Zip 33618 25 Country US

2a. Mailing Address

26 11015 N. Dale Mabry Hwy.  
Suite, Apt. #, etc.

27 City & State  
28 Tampa FL

29 Zip 33618 30 Country US

3. Date Incorporated or Qualified  
01/04/1994

3a. Date of Last Report  
10/28/1996

4. FEI Number

59-3216626

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

SCHWENCKE, KIM M  
12954 N. DALE MABRY HWY.  
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
11015 N. Dale Mabry Hwy.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME ST CHIGOS, JOHN  
STREET ADDRESS 901 HAMMOCK PINES BOULEVARD  
CITY - ST - ZIP CLEARWATER FL

TITLE ☐ DELETE  
NAME VP HERN, ALEX  
STREET ADDRESS 1102 BAYSHORE BOULEVARD  
CITY - ST - ZIP SAFETY HARBOR FL

TITLE ☐ DELETE  
NAME P SCHWENCKE, KIM M  
STREET ADDRESS 12954 N. DALE MABRY HWY.  
CITY - ST - ZIP TAMPA FL 33618

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
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  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

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 11015 N. Dale Mabry Hwy.  
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

213-269-0849

Date

Daytime Phone #

CR2E034 (9/96)