CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Modham

1996		Secretary of State DIVISION OF CORPORATIONS	•			
DOCUMENT # 1, Corporation Name	P9400002	3270 (9)				
SUNSET RENTAL, INC	0.					
Principal Place of Business	Maile	ng Address				
810 HWY 98 Mexico Beach FL 32410 US	P.O. BOX 13772 MEXICO BEACH FL 32410					



Principal Place of Business	Mailing Address					I du hii ho hii (1)		818 14 8 1 1 4 6 1 1 1	Į
810 HWY 98 MEXICO BEACH FL 32410	P.O. BOX 13772 MEXICO BEACH FL	32410							
us					3. Date incorporated or Qualified 3a. Date of Last Ri 03/25/1994 04/28/19			·	
2. Principal Place of Business 2a. Mailing Address					4, FET Number	·LY	• •	Applied For	
21 2					59-3232667			Not Applicat	ole
	Suite, Apil. #, etc. 27		5. Certificate of Status Desired			5 Additional Required			
City & State	Oily & State				6. Flection Campaign Financing	\$5.00 May Be			
23 2				<i></i>	Trust Fund Contribution	····		d to Fees	
Zip Country [24] 25 2	Z ₍ ρ 	h	untry		8. This corporation has liability for it		tunder s	199.032,	
24 25 2 9. Name and Address of Current Re		30	Γ		Florida Statutes Yes 10. Name and Address of New R		acat		
	grotored rigent		81		III. Italie and Address of New A	eğisteleti H	gent		
HUGHES, J. JOSEPH									
1017-A THOMASVILLE RD.			82	Street Addi	ess (P.O. Box Number is Not Acceptable	le)			
TALLAHASSEE FL 32303			B3						
TALLAI IAGGEL FE GEGGG									
			84	Oity		FL	85 Z	p Code	
 Pursuant to the provisions of Sections 607.0502 and or registered agent, or both, in the State of Florict. S familiar with, and accept the obligations of, Section 6 	uch change was anthor	zed by the c	oorpora corpora	ned corpor ation's boar	ation submits this statement for the pur rd of directors. I hereby accept the appo	pose of char pintment as r	iging its i egistered	registered off diagent. Lam	fice
Signature typed or protecting to of regions along the district	c. Lacia e ada e di	dr. Registered	I finate.	waith the tentum	d when remetating	DATE			
12. OFFICERS AND DIF		T 13.	a regree to	Character as subtants	ADDITIONS/CHANGES TO OFFI		DIRECTO)8S IN 12	— ફુ
TITLE PTCD	☐ DELFTE	117	HILE				Change	Addition	CR2E034 (12/95)
NORMAN, MICHAEL		1.2 N/	AME						4
STREET ADDRESS P.O. BOX 13772 N/4		13 SI	IREET AD	DHESS					
CITY-ST-ZIP MEXICO BEACH FL		140	/1Y-\$1-2	ZIP					122
THLE VP	DELETE	2 1 7	TLF	·			Change	ic:tibbA 🔲	\O
NAME THIEL, JOSEPH M		22 N	AME						
STREET ADDRESS BOX 644 N/A		2351	TREET AD	DRESS					
CITY-ST-ZIP PORT ST. JOE FL		- 2 4 Ci	ITY-51-2	7IP					
TITLE S	DELETE	3 1 T	III E] Change	Addit or	n
NAME NORMAN, ELIZABETH S		32 N/	AME						
STREET ADDRESS BOX 13722 N/A		33 S	STREET AD	ODRESS					
CITY-ST-ZIP MEXICO BEACH FL			HY SI-Z	ZIF					
TITLE	DELETE	4 1 T					Change	Addition	A
NAME		4.2 N/	AMÉ						
STHEEL ADDRESS		4381	IREET AO	ORESS					
C(TY - ST - Z(P	F71 0/0 671		IIY SI-Z	?16		<u>-</u>			
TIFLE	DELETE	5 I T			50,000,0187	235	Charge	Addition	n
NAME NAME		5 2 NA			-06/24/96010	1801	2		
STREET ADDRESS			TREET AD		***225.00				,
CITY - ST - ZIP	□ DELETE		(1Y - SI - 2	715				_ <i>&</i> 34	
	Приси	6 1 1				/ L.	i ritaudi.	1000	
NAME STORET ADDRESS		62 N/		Davido		()		\h \h	
STREET ADDRESS			TREET AD	- 1		~		\b) -	/
CITY-S1-ZIP 14. I do hereby certify that the information supplied with the information supplied	nis fil na is voluntarily for		(fy-\$1-2 does c		or the exemption stated in Section 119.0	77(3)(k) Flori	da Statu	furtner	\dashv

certify that the information indicated on this amount 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, Floridh 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

6/1/26 904-648-8128 Daystee Place #