

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

15 MAY -1 AM 10:15

DOCUMENT # **P94000036585 (5)**

1. Corporation Name

SUN HIPPIE, INC.SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**8 KEY LIME SQUARE
KEY WEST FL 33040**

Mailing Address

**8 KEY LIME SQUARE
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24**25****29****30**

4. FEI Number

65-049-9604

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 corporate tax under S. 100.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FOLTZ, LARRY
28 AMARYLLUS DRIVE
KEY WEST FL 33040**

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

Signature (last or partial name of registered agent, and title if applicable)

(NOTE: Registered Agent signature required when restoring)

DATE

12. OFFICERS AND DIRECTORS

**PSTD
FOLTZ, LARRY
C/O 8 KEY LIME SQUARE
KEY WEST FL 33040**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

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CITY, ST, ZIP

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CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

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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)(b), 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 no address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

4/14/95

(Signature 1995)