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
95 JAN 25 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000039084 (6)

1. Corporation Name
SUNSET ENTERPRISES, INC.

Principal Place of Business	Mailing Address
11687 7TH WAY N #2 ST PETERSBURG FL 33716	11687 7TH WAY N #2 ST PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/19/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 6073 96TH TERR. N.
Suite, Apt. #, etc. 22:
City & State 23: PINELLAS PARK, FLORIDA
Zip 24: 34666 Country 25: U.S.A.

2a. Mailing Address
26: 6073 96TH TERR. N.
Suite, Apt. #, etc. 27:
City & State 28: PINELLAS PARK, FLORIDA
Zip 29: 34666 Country 30: U.S.A.

4. FEI Number: 59-3241594 ☐ 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

HOLLINGSWORTH, SCOT A
11687 7TH WAY N #2
ST PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 6073-96TH TERR. N.
83:
84 City: PINELLAS PARK, FL 85 Zip Code: 34666

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: Scot A. Hollingsworth PRESIDENT 1-18-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	HOLLINGSWORTH, SCOT A	1.2 NAME	
STREET ADDRESS	11687 7TH WAY N #2	1.3 STREET ADDRESS	6073 96th TERR. N.
CITY-ST-ZIP	ST PETERSBURG FL 33716	1.4 CITY-ST-ZIP	PINELLAS PARK, FLORIDA 34666
TITLE	DST	2.1 TITLE	☒ Change ☐ Addition
NAME	HOLLINGSWORTH, ALICIA M	2.2 NAME	
STREET ADDRESS	11687 7TH WAY N #2	2.3 STREET ADDRESS	6073 96TH TERR. N.
CITY-ST-ZIP	ST PETERSBURG FL 33716	2.4 CITY-ST-ZIP	PINELLAS PARK, FLORIDA 34666
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Alicia M. Hollingsworth 1-18-95 813-544-3183
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ALICIA M. HOLLINGSWORTH

044B06A FP