SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 12 AM 8:55

DOCUMENT # **P94000043862 (9)**

1. Corporation Name
SUN TEMPORARY, INC.

Principal Place of Business	Mailing Address
RT 8 BOX 216-A LIVE OAK FL 32060	RT 8 BOX 216-A LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/13/1994
3a. Date of Last Report:

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

4. FEI Number: 59-3249506 ☐ 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MELIA, NOVA
RT 8
BOX 216-A
LIVE OAK FL 32060

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
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President	☐ Change ☐ Addition
NAME	MELIA, NOVA	12 NAME	Nova Melia	
STREET ADDRESS	RT 8 BOX 216-A	13 STREET ADDRESS	RT 8 Box 216A	
CITY-ST-ZIP	LIVE OAK FL 32060	14 CITY-ST-ZIP	Live Oak, Florida 32060	
TITLE	D	21 TITLE	Vice Preident	☐ Change ☐ Addition
NAME	MELIA, SHARON	22 NAME	Sharon Melia	
STREET ADDRESS	RT 8 BOX 216-A	23 STREET ADDRESS	RT 8 Box 216-A	
CITY-ST-ZIP	LIVE OAK FL 32060	24 CITY-ST-ZIP	Live Oak, Florida 32060	
TITLE	D	31 TITLE	Treasurer	☐ Change ☐ Addition
NAME	~~MELIA, TREVOR~~ Annmarie Vaughn	32 NAME	Annmarie Vaughn	
STREET ADDRESS	RT 8 BOX 216-A	33 STREET ADDRESS	RT 8 Box 216A	
CITY-ST-ZIP	LIVE OAK FL 32060	34 CITY-ST-ZIP	Live Oak, Florida 32060	
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		

CR2E034 (3/95)

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: _____ Nova Meliz 6.6.95 President 904.362.6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

012A030 FP