

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000071270 (0)

1. Corporation Name
SUN MART, INC.



Principal Place of Business

1610 BECK AVE
PANAMA CITY FL 32405

Mailing Address

1610 BECK AVE
PANAMA CITY FL 32405

3. Date Incorporated or Qualified 09/22/1994	3a. Date of Last Report 08/07/1995
4. FEI Number 59-3329997 NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

KOLK, JACALYN N
1610 BECK AVE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHOUSE, R M	
STREET ADDRESS	1610 BECK AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SHOUSE, STEVE	
STREET ADDRESS	1610 BECK AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHOUSE, JONNEY	
STREET ADDRESS	1610 BECK AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	6716 Gulf Dr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Panama City Bch FL 32408	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	6716 Gulf Dr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Panama City Bch, FL 32408	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	6716 Gulf Dr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Panama City Bch FL 32408	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

R.M. Shouse

R.M. Shouse PRESIDENT

904-234-3248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-10-95

Daytime Phone #

CR2E034 (12/95)