

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002155 (6)

1. Corporation Name

SUNBURST TRAVEL AND TOURS, INC.



Principal Place of Business

Mailing Address

~~8342 SE LAKE WEIR AVE.~~
OCALA FL 34471

~~8342 SE LAKE WEIR AVE.~~
OCALA FL 34471

2. Principal Place of Business

2a. Mailing Address

21 1702 NE 2 STREET

26 1702 NE 2 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 Ocala FL

28 Ocala FL

24 34470 25 USA

29 34470 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

4. FID Number

59-3292554

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

10. Name and Address of New Registered Agent

RECTOR, JOAN M

~~8342 SE LAKE WEIR AVE.~~
OCALA FL 34471

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, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent's signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME RECTOR, JOAN M
STREET ADDRESS ~~8342 SE LAKE WEIR AVE.~~
CITY-ST-ZIP Ocala FL 34471

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE D
12 NAME JOAN M. RECTOR
13 STREET ADDRESS 3900 SE 33 AVE
14 CITY-ST-ZIP Ocala, FL 34480

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 352-351-4080

CR2E034 (12/95)