

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 26, 1999 8:00 am  
Secretary of State

07-26-1999 90010 014 \*\*\*550.00

DOCUMENT # P95000058219 ✓

1. Corporation Name  
SUNQUEST PARTNERS INCORPORATED

Principal Place of Business  
6980 TOMLINSON LANE  
BROOKSVILLE FL 34602

Mailing Address  
6980 TOMLINSON LN  
BROOKSVILLE FL 34602  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1995

4. FEI Number

59-3331968

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 PO Box 677069

Suite, Apt. #, etc.

27 City & State

28 ORLANDO FL

Zip

29 32867-7069

Country

30 USA

9. Name and Address of Current Registered Agent

JAY, STEPHEN H III  
6980 TOMLINSON LANE  
BROOKSVILLE FL 34602

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, 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 ☐ DELETE

NAME OSTERHOUT, RICHARD

STREET ADDRESS 8601 LSU LANE

CITY-ST-ZIP ORLANDO FL

TITLE V ☐ DELETE

NAME FARNSWORTH, ROBERT K.

STREET ADDRESS 419 ELKWOOD CT.

CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ DELETE

NAME GARIS, MIKE

STREET ADDRESS 1706 RIVEREDGE RD

CITY-ST-ZIP OVIEDO FL

TITLE D ☐ DELETE

NAME JAY, STEPHEN M. III

STREET ADDRESS 6980 TOMLINSON LANE

CITY-ST-ZIP BROOKSVILLE FL 34602

TITLE D ☐ DELETE

NAME REED, THOMAS E.

STREET ADDRESS 9930 RIVER PINES CT.

CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 APR 99

Date

407 679 9666

Daytime Phone #

CR2E034 (11/98)

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