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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000077279 (4)

SUN COUNTRY PROPERTY MANAGEMENT SERVICES, INC.

Mailing Address Principal Place of Business 3671 WEBBER ST. SUITE B 3671 WEBBER ST. SUITE B SARASOTA FL 34232 SARASOTA FL 34232 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0633749 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Z_{1D} Country 8. This corporation owes or has paid the current year Intangible Yes □ No 25 Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MC KEAN, PAUL L 3671 WEBBER ST. SUITE B 82 Street Address (P.O. Box Number is Not Acceptable) **SARASOTA FL 34232** 83 84 Zip Code City 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 (NOTE Registered Agent signature required when reinstating) Signature, typod or ported name of registered agent and alle if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change Addition TITLE 1.1 THEE NAME CULVER, DENNIS 1.2 NAME 2709 SWEETLAND AVE STREET ADDRESS 1.3 STHEET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2 1 TITLE MALCHUS, ROBERT W NAME 2.2 NAME STREET ADDRESS 1750 BEN FRANKLIN DR 7E 2.3 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP 2 4 CHY-ST-ZIP DELE TE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZiP ☐ Change DELF TE Addition 41 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - 7IP DELETE Change ___ Addition THLE 61 THE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 suppliemental 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 13 if changed, ocean an attachment with an address.

6.4 CRY-ST-ZIP

CITY-ST-ZIP

FILED

Jun 02 1998 8:00am

Secretary of State