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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000085930

1. Corporation Name

SUN BAY REALTY & DEVELOPMENT, INC.

Principal Place of Business Mailing Address						4 (001108) 119 (019) 01111 00111 00111 00111 00101 1110 01110 11110 01111 00111
4041 MARITIME BLVD. 4041 MARITIME						
TAMPA FL 33605 US US US US						DO NOT WRITE IN THIS SPACE
00						3. Date Incorporated or Qualifed
						11/08/1995
2. Principal Place of Business 2a. Mailing Ad			ddress			4. FEI Number Applied For
21		26				<b>59-3342436</b> Not Applicable
Suite, Apt: #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required	
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	,			8. This corporation owes the current year Intangible
24	25		30			Personal Property Tax. Yes No
	g. Name and Address of Curre	nt Registered Agent		04	N	10. Name and Address of New Registered Agent
				81	Name	
ALDRIDGE, PAUL M SR.			i la	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
2421 N. VALRICO ROAD SEFFNER FL 33584			-			
SELL	-NER FL 33304		['	83		· ·
			l l	84	City	85 Zip Code
						FL   S   Z   S   S   S   S   S   S   S   S
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 a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statul	tes.	o corporation	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE						
	Signature, typed or printed name of registered age			Agent s	ignature required	(when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P OFFICERS AF	ND DIRECTORS	13. 1.1 TITU			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	*		1.2 NAX			
NAME	ALDRIDGE, PAUL M SR.				DODESC	•
STREET ADDRESS	2421 N. VALRICO ROAD		1.3 STREET			
CITY-ST-ZIP	SEFFNER FL 33584	☐ DELETE	2.1 T/TL		ZIP	☐ Change ☐ Addition
TITLE	S CANDON	. Detecte	1			
NAME	ALDRIDGE, SANDRA L	,	2.2 NAN			
STREET ADDRESS	2421 N. VALRICO ROAD	manager of the contract of the			DDRESS	<del>granden grande krister er parter spran</del> den spranden. Det i her st <del>ere</del> en
CITY-ST-ZIP	SEFFNER FL 33584	O DELETE	2.4 CIT		ZIP	☐ Change ☐ Addition
TITLE	ALDDIDGE DALH M. ID		3.1 TITL 3.2 NAM			
NAME	ALDRIDGE, PAUL M JR.				DDDECC	
STREET ADDRESS	2421 N. VALRICO RD.				DDRESS	
CITY-ST-ZIP	SEFFNER FL 33584	☐ DELETE	3.4. CIT		ZIP .	☐ Change ☐ Addition
TITLE	DDOWAL ALLICON M		4.1 IIIL			
NAME	BROWN, ALLISON M				חחחדפים	
STREET ADDRESS	17 BELMONT DRIVE		1		DDRESS	
CITY-ST-ZIP	WILMINGTON DE	☐ DELETE	4.4 CIT		<u>ur                                     </u>	☐ Change ☐ Addition
TITLE			5.1 MA			
NAME					DDRESS	
STREET ADDRESS			5.4 CIT			
CITY-ST-ZIP		☐ DELETE	6.1 TITL		-	☐ Change ☐ Addition
TITLE			6.2 NA			
NAME STREET ADORESS					DDRESS	•

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP