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Secretary of State

*PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P96000047851

1. Corporation Name
SUN QUEST SOLAR, INC.

[redacted]

Principal Place of Business	Mailing Address
1609 CHERRYWOOD LANE LONGWOOD, FLORIDA 32750	1609 CHERRYWOOD LANE LONGWOOD, FLORIDA 32750

3. Date Incorporated or Qualified: 6-5-96
3a. Date of Last Report:

2. Principal Place of Business
21: 1609 CHERRYWOOD LANE
22 Suite, Apt. #, etc.: —
23 City & State: LONGWOOD, FLORIDA
24 Zip: 32750
25 Country: USA

2a. Mailing Address
26: 1609 CHERRYWOOD LANE
27 Suite, Apt. #, etc.: —
28 City & State: LONGWOOD, FLORIDA
29 Zip: 32750
30 Country: USA

4. FEI Number: 59-3383587 ☐ 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

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FLORIDA 33134

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT WILLIAM GODER 1991 S. KIRKMAN RD ORLANDO, FLORIDA 32811 ☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT DANA E. ESHENROEDER 1609 CHERRYWOOD LANE LONGWOOD, FL 32750 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DANA E. ESHENROEDER 1991 S. KIRKMAN RD ORLANDO, FLORIDA 32811 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY JOSEPH BERRIOS 1609 CHERRYWOOD LANE LONGWOOD, FL 32750 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER DANA E. ESHENROEDER 1991 S. KIRKMAN RD ORLANDO, FLORIDA 32811 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER JOSEPH BERRIOS 1609 CHERRYWOOD LANE LONGWOOD, FL 32750 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR WILLIAM GODER 1991 S. KIRKMAN RD ORLANDO, FLORIDA 32811 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	500002165335 -05/05/97--01024--021 ***165.00 ☐ Change ☐ Addition

5.1.97

CR2E034 (8/96)

14. I do 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.

SIGNATURE: Dana E. Eshenroeder 4/29/97 (813) 572-0655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #