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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000072537 (9)

SUNNILAND DEVELOPMENT CORP.

Principal Place of Business Mailing Address 2052 FOREST DRIVE 2052 FOREST DRIVE INVERNESS FL 34453 INVERNESS FL 34453-3825 3. Date Incorporated or Qualified 3a. Date of Last Report 08/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zτρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 30 ☐ Yes ☐ No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SUGGS, DANNY 81 Name 2096 FOREST DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **INVERNESS FL 34453** 83 City 84 85 Zio 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 came of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE THE 1.1 TITLE ☐ Change Addition KRUEGER, JOSEPH M NAME 1.2 NAME 2052 FOREST DRIVE STREET ADDRESS 1.3 STREET ADDRESS **INVERNESS FL 34453** CITY-ST-ZiE 1.4 CITY - ST - ZIP STD DELETE THLE 2.1 TITLE Change Addition SUGGS, DANNY NAME 2.2 NAME 2096 FOREST DRIVE STREET ADORESS 2.3 STREET ADDRESS **INVERNESS FL 34453** CITY: \$1-2IP 2.4 CITY-ST-7IP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS DITY-ST 709 3.4. CITY-ST-ZIP ☐ DELETE THE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS Crity-St-ZiP 4.4 CiTY+ST-ZIP DELETE TITLE 51 TITLE Change Addition NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY - ST- ZIP

6.3 STREET ADDRESS 64 CiTY-ST-ZIP 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

6.1 TITLE

62 NAME

SIGNATURE

appears in Block 12 or Block 13 if changed

CITY - S1 - ZiF

STREET ADDRESS

11118

NAME

DELETE

op an attachment with an address

354.637-2422

Change

Addition

96/6)

FILED

May 15 1997 8:00am

Secretary of State