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FILED
Jul 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000040249 (9)

1. Corporation Name

SUN PROTECTED FUN, INC.

Principal Place of Business

2504 AMHERST AVENUE
ORLANDO FL 32801

Mailing Address

P.O. BOX 533710
ORLANDO FL 32853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

54-3445861

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 2504 Amherst Ave

Suite, Apt. #, etc.

22 City & State

23 Orlando FL

24 Zip 32804

25 Country USA

2a. Mailing Address

26 P.O. BOX 533710

Suite, Apt. #, etc.

27 City & State

28 Orlando FL

29 Zip 32853

30 Country USA

9. Name and Address of Current Registered Agent

FREEMAN, MICHELLE L
#2 NORTH SHINE AVENUE
ORLANDO FL 32801

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

Michelle L Freeman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 7/12/98

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME FREEMAN, MICHELLE L
STREET ADDRESS #2 NORTH SHINE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE VD ☐ DELETE

NAME PRICE, MICHAEL W
STREET ADDRESS #2 NORTH SHINE AVENUE
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 2504 Amherst Avenue
1.4 CITY-ST-ZIP Orlando, FL 32804

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 2504 Amherst Avenue
2.4 CITY-ST-ZIP Orlando, FL 32804

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

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-07/14/98--01019--035
***150.00

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 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, director, receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the report with an address.

CR2E034 (10/97)