

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

93 MAY -1 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S30890**

(5)

1. Corporation Name

**WRIGHT BUILDERS, INC.**

Principal Place of Business

**3020 SARAH DR.  
CLEARWATER FL 34619**

Mailing Address

**3020 SARAH DR.  
CLEARWATER FL 34619**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

**02/11/1991**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-3053160**

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**

6. This corporation has liability for intangible tax under S. 193.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

State Apt # etc

22

City & State

23

Zip

County

24

25

2a. Mailing Address

26

State Apt # etc

27

City & State

28

Zip

County

29

30

9. Name and Address of Current Registered Agent

**WRIGHT, PETER A.  
3020 SARAH DR.  
CLEARWATER FL 34619**

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 607.0402 and 607.1504, 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 607.0405, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

DATE

12. OFFICERS AND DIRECTORS

12a

NAME

STREET ADDRESS

CITY, ST, ZIP

**DP  
WRIGHT, PETER A.  
3020 SARAH DR.  
CLEARWATER FL**

12b

NAME

STREET ADDRESS

CITY, ST, ZIP

12c

NAME

STREET ADDRESS

CITY, ST, ZIP

12d

NAME

STREET ADDRESS

CITY, ST, ZIP

12e

NAME

STREET ADDRESS

CITY, ST, ZIP

12f

NAME

STREET ADDRESS

CITY, ST, ZIP

12g

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

13a

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13b

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13c

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13d

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13e

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13f

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13g

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.03(2)(b), Florida Statutes. I further certify that the information was obtained by 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. This filing is filed on or in lieu of the Corporation's annual report or business employment to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. I enclose an attachment with my address.

SIGNATURE:

*(Signature)*  
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/95* (S13) 799-4899  
DATE SIGNATURE

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
2000  
1000

95 MAY 1 11 10:06

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # **S31765** (8)

1. Corporation Name

**SUNSTATE REALTY AND DEVELOPMENT, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **101 LA QUINTA PLACE  
ST AUGUSTINE FL 32084**  
Mailing Address: **101 LA QUINTA PLACE  
ST AUGUSTINE FL 32084**

|                                                                                                                                                                 |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>02/14/1991</b>                                                                                                          | 3a. Date of Last Report<br><b>04/25/1994</b>           |
| 4. FEI Number<br><b>59-3051302</b>                                                                                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                    | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                           | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                        |                                                                                             |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| 2. Principal Place of Business:<br>21. State Apt. # etc.<br>22. City & State<br>23. Zip<br>24. Country | 2a. Mailing Address:<br>26. State Apt. # etc.<br>27. City & State<br>28. Zip<br>29. Country |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

**TUSEO, NORBERT  
101 LA QUINTA PLACE  
ST AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                                                                                                                          |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF ANY                         |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 12.1 NAME<br><b>D TUSEO, NORBERT</b><br>12.2 STREET ADDRESS<br><b>101 LA QUINTA PLACE</b><br>12.3 CITY, STATE, ZIP<br><b>ST AUGUSTINE FL 32084</b>  |  | 13.1 NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 12.4 NAME<br><b>TUSEO, NORBERT</b><br>12.5 STREET ADDRESS<br><b>101 LA QUINTA PLACE</b><br>12.6 CITY, STATE, ZIP<br><b>ST AUGUSTINE FL 32084</b>    |  | 13.2 NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 12.7 NAME<br><b>TUSEO, NORBERT</b><br>12.8 STREET ADDRESS<br><b>101 LA QUINTA PLACE</b><br>12.9 CITY, STATE, ZIP<br><b>ST AUGUSTINE FL 32084</b>    |  | 13.3 NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 12.10 NAME<br><b>TUSEO, NORBERT</b><br>12.11 STREET ADDRESS<br><b>101 LA QUINTA PLACE</b><br>12.12 CITY, STATE, ZIP<br><b>ST AUGUSTINE FL 32084</b> |  | 13.4 NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 12.13 NAME<br><b>TUSEO, NORBERT</b><br>12.14 STREET ADDRESS<br><b>101 LA QUINTA PLACE</b><br>12.15 CITY, STATE, ZIP<br><b>ST AUGUSTINE FL 32084</b> |  | 13.5 NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 12.16 NAME<br><b>TUSEO, NORBERT</b><br>12.17 STREET ADDRESS<br><b>101 LA QUINTA PLACE</b><br>12.18 CITY, STATE, ZIP<br><b>ST AUGUSTINE FL 32084</b> |  | 13.6 NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 12.19 NAME<br><b>TUSEO, NORBERT</b><br>12.20 STREET ADDRESS<br><b>101 LA QUINTA PLACE</b><br>12.21 CITY, STATE, ZIP<br><b>ST AUGUSTINE FL 32084</b> |  | 13.7 NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 12.22 NAME<br><b>TUSEO, NORBERT</b><br>12.23 STREET ADDRESS<br><b>101 LA QUINTA PLACE</b><br>12.24 CITY, STATE, ZIP<br><b>ST AUGUSTINE FL 32084</b> |  | 13.8 NAME<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am duly qualified to act as a registered agent for the corporation. I further certify that the information included 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 registered agent of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of changed or new attachments with an address.

SIGNATURE: *Norbert Tuseo* **4/25/95** **904/825-1911**