

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

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S33033 (9)

1. Corporation Name
SKI-BUNNY, INC.

Principal Place of Business

Mailing Address

**6450 FIRST AVE NO.
ST PETERSBURG FL 33710
US**

**6450 FIRST AVE NO
ST PETERSBURG FL 33710
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/20/1991

3a. Date of Last Report

04/25/1994

4. FEI Number

59-3175223

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. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DILLINGER, ROBER H
6450 FIRST AVE NO
ST PETERSBURG FL 33710**

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

Signature of Special or Limited Agent (if registered agent and not of corporation)

NOTE: Registered Agent Signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **DILLINGER, ROBERT H**
STREET ADDRESS **6450 1ST AVE NO.**
CITY-ST-ZIP **ST PETERSBURG FL**

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **FRAZIER, DEBORAH**
STREET ADDRESS **6450 1ST AVE NO.**
CITY-ST-ZIP **ST PETERSBURG FL**

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

4-28-95

(Date)

(Signature Page 1)