

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 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S44007** (0)

1. Registered Entity

SUN ROSE GIFTS, INC.

Principal Place of Business

**265 EAST EAU GALLIE BOULEVARD
INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**265 EAST EAU GALLIE BOULEVARD
INDIAN HARBOUR BEACH FL 32937**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/08/1991** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-3079584** 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 entity as a foreign corporation under Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

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9. Name and Address of Current Registered Agent

**LANFORD, J. SCOTT ESQUIRE
200 SOUTH HARBOR CITY BOULEVARD
SUITE 201
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Applicable)
3125 W. NEW HAVEN AVE.
83
84 City **W. MELBOURNE** FL 85 Zip Code **32904**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 Registered Agent (Required agent for the corporation) Signature of Registered Agent (Required agent for the corporation)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TUCKER, NORM
STREET ADDRESS	265 EAST EAU GALLIE BLVD
CITY, ST, ZIP	INDIAN HRBR.BCH FL
TITLE	D
NAME	TUCKER, JAN
STREET ADDRESS	265 EAST EAU GALLIE BLVD
CITY, ST, ZIP	INDIAN HRBR.BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in law for 1995 Florida Statutes. 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 receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with this address.

SIGNATURE:

James L. Tucker
HIGH TYPE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 407-773-0550