

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 8:37

DOCUMENT # S64985

(2)

1. Corporation Name

SUN CITY CENTER CORP.

Principal Place of Business

1602 WEST TIMBERLANE DRIVE
PLANT CITY FL 33567

Mailing Address

1602 WEST TIMBERLANE DRIVE
PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/09/1991

3a. Date of Last Report

02/14/1994

4. FEI Number

59-3120468

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2020 Clubhouse Dr

2a. Mailing Address

2020 Clubhouse Dr

Suite, Apt. #, etc.

P.O. Box 5688

Suite, Apt. #, etc.

P.O. Box 5688

City & State

Sun City Center, FL

City & State

Sun City Center, FL

Zip

33573

Country

Zip

33573

Country

9. Name and Address of Current Registered Agent

FLINN, MILTON G
2020 CLUBHOUSE DR
SUN CITY CENTER FL 33573

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

[Signature]

1/27/95

12. OFFICERS AND DIRECTORS

11 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
HOFFMAN, ALFRED JR.
1602 WEST TIMBERLANE DR.
PLANT CITY FL

11 TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
FLINN, MILTON G
2020 CLUBHOUSE DR
SUNCITY CENTER FL 33573

11 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

11 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

11 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

11 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

11 TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(a), Florida Statutes. I further certify that I am an officer or director of the corporation or the preparer or issuer of the report and that my signature shall have the same legal effect as if made under oath in Block 12 or Block 13 if changed or on an affidavit with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/95 813-634-3311