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May 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S81875

1. Corporation Name

SUN AMUSEMENTS, INC.

Principal Place of Business

3317 SCHOOLHOUSE RD
P O BOX 155
ZOLFO SPRINGS FL 33890
US

Mailing Address

3317 SCHOOLHOUSE RD
P O BOX 155
ZOLFO SPRINGS FL 33890
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1991

4. FEI Number

59-3079000

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 the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **937 SABAL PALM DR.**

Suite, Apt. #, etc.

22 City & State

23 **ZOLFO SPRINGS, FL**

24 Zip Country

33890

25

2a. Mailing Address

26 **P.O. Box 155**

Suite, Apt. #, etc.

27 City & State

28 **ZOLFO SPRINGS, FL**

29 Zip Country

33890

30

HARDEE

9. Name and Address of Current Registered Agent

IDDINGS, CAROL
3317 SCHOOLHOUSE ROAD
P O BOX 155
ZOLFO SPRINGS FL 33890

10. Name and Address of New Registered Agent

81 Name

IDDINGS, CAROL

82 Street Address (P.O. Box Number is Not Acceptable)

22573 BOLANOS CT.

83

84 City

PORT CHARLOTTE

FL

85 Zip Code

33952

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

Carol L. Idings
Signature, typed or printed name of registered agent and title if applicable.

CAROL L. IDDINGS, PRESIDENT

4/28/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE

NAME **IDDINGS, CAROL**

STREET ADDRESS **3317 SCHOOLHOUSE RD**

CITY-ST-ZIP **ZOLFO SPRINGS FL 55**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DPST ☐ Change ☐ Addition

1.2 NAME

IDDINGS, CAROL

1.3 STREET ADDRESS

22573 BOLANOS CT.

1.4 CITY-ST-ZIP

PORT CHARLOTTE, FL 33952 ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol L. Idings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

941-735-0030

Daytime Phone #

CR2E034 (11/98)