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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S91340** **(7)**

1. Corporation Name
SECRET SUN, INC.

Principal Place of Business	Mailing Address
32 S. PALAFOX PLACE PENSACOLA FL 32501	32 S. PALAFOX PLACE PENSACOLA FL 32501-5628

3. Date Incorporated or Qualified: 10/28/1991
3a. Date of Last Report: 03/20/1996
4. FEI Number: 59-3099841 ☐ 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	2a. Mailing Address
21 6100 W. FAIRFIELD DR	26 101 S. JEFFERSON ST
22 Suite, Apt. #, etc.	27 Suite A
23 City & State: PENSACOLA, FL	28 City & State: PENSACOLA, FL
24 Zip: 32505 25 Country: ESCAMBIA	29 Zip: 32501 30 Country: ESCAMBIA

9. Name and Address of Current Registered Agent

CANTAVESPRE, PATRICIA
32 S. PALAFOX PLACE
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: PATRICIA CANTAVESPRE
82 Street Address (P.O. Box Number is Not Acceptable): 101 S. JEFFERSON ST
83 Suite A
84 City: PENSACOLA, FL 85 Zip Code: 32501

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: Patricia Cantavespre
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature is required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CANTAVESPRE, PATRICIA		1.2 NAME		
STREET ADDRESS	32 S. PALAFOX PLACE		1.3 STREET ADDRESS	101 SOUTH JEFFERSON ST, STE A	
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Patricia Cantavespre 3-14-97 (904) 432-7378