## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 07 1997 8:00am

Secretary of State

3/4/97 (813) 861-1881

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V02837

(5)

Second   S	SUNDOWN SERVICES, INC.													
MODIFIED   18														
HUSSON FL. SHEET   SUBSON FL.	Pri	ncipa: Place	of Busines	5S	Mailing Ao	dress			· <del>- ···· · · · · · · · · · · · · · · · ·</del>			BARK HARII AI	HII HIBK BIRK	
2. Principal Floric of Businesis   2a. Mailing Address   3. Mailing Addr	HUDSON FL 34667 HUDSON FL 34667-6592													
2.   Mailing Address				•	•					3	·			leport
Section   Sect	2.	Principal Pl	acc of Busi	ness	2a. Mailing	Address				4		7.7.7		plied For
Country   State   City & State   State   City & State   Stat	21	<del></del>									59-3099819			
City   State   City   State   City   State   City   State   City   State   City   Ci		Suite, Apt	#, €ΙΟ.		<del> </del>	<b>¬</b>				5. Certificate of Status Desired		,		
28	1	City & State	·····			City & State				C Starting Committee Champion		<del></del>		
Apr	23	,			├-¬ ´	r, '			١,		П			
25	1	Zip		Country			Cour	ntry						
WATKINS, CARL T., CPA 7345 JACKSON SPRINGS ROAD SUITE 3 TAMPA FL 33834  11. Pursuant to the provisions of Sections (27 0502 and 602 1508, Florida Statutes, the above corporation's board of directors. I hardey accept the appointment of the provisions of Sections (27 0502 and 602 1508, Florida Statutes, the above corporation's board of directors. I hardey accept the appointment of the provisions of Sections (27 0502 and 602 1508, Florida Statutes, the above corporation's board of directors. I hardey accept the appointment or gistered office or expistered agest, or both, in the Shale of florida. Such change was surhorized by the corporation's board of directors. I hardey accept the appointment or gistered office or expistered accepts the appointment of the provision of the appointment of the appointment of the provision of the appointment of the appointm	24						30			- 1	Florida Statutes	Yes 🌠	<b>⊈</b> No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TAMPA R. 33834    Basic   Street Address (P.O. Box Number is Not Acceptable)   Basic   Street Address (P.O. Box Number is Not Acceptable)   Basic   Street Address (P.O. Box Number is Not Acceptable)   Basic   Street Address (P.O. Box Number is Not Acceptable)   Basic   Street Address (P.O. Box Number is Not Acceptable)   Basic   Street Address (P.O. Box Number is Not Acceptable)   Basic   Street Address (P.O. Box Number is Not Acceptable)   Basic   Street Address (P.O. Box Number is Not Acceptable)   Basic   Street Address (P.O. Box Number is Not Acceptable)   Basic   Street Address (P.O. Box Number is Not Acceptable)   Basic   Street Address (P.O. Box Number is Not Acceptable)   Basic   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box					of Current Registered A	gent				10	<ol><li>Name and Address of New Re</li></ol>	gistered /	gent	
SUITE 3 TAMPA FL 33834  89 4 City FL 85 Zip Code  11. Pursuant to the provisions of Socions 607.0502 and 607.1508. Florida Statutes, the above-named corporation automite this statement for the purpose or changing its registered agent I am familiar with a new registered and registered agent I am familiar with a new registered agent I am familiar with a new registered and registered agent I am familiar with a new registered and registered was authorized agent of the province of the new registered and registered was authorized agent I am familiar with a new registered agent I am familiar with a new registered and registered was authorized and registered w								81	Name		1			
TAMPA FL 33834    69								82 Street Address (P.O. Box Number is Not Acceptable)						
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 agent or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent or both, in the State of Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent or board or directors. I hereby accept the appointment as registered agent or board or directors. I hereby accept the appointment as registered agent or board or directors. I hereby accept the appointment as registered agent or board or directors. I hereby accept the pointment as registered agent or board or directors. I hereby accept the appointment as registered agent or board or directors. I hereby accept the appointment as registered and accept the directors. In the supplication of the supplication is accepted when registered whe				34			}	63					· · · · · · · · · · · · · · · · · · ·	
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 agent to mit familiar with, and accept the objection 607.0505, Florida Statutes.							}	84	City				85 Zip (	Code
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D		D 1			007.000 1.007.4500	Fred Laborator			,				1-1	
SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D	11.	, Pursuant t office or re apent Lac	o the provis egistered a m familiar v	sions of Section gerit, or both, in ith, and accept	s 607.0502 and 607.1508, the State of Florida. Such the chiloations of Section	: Florida Statut : change was : : 607 0505 Et	ies, the ab authorized orida Stat	ove by	named cor the corpora	orporati ration's	tion submits this statement for the s board of directors. I hereby acce	ourpose of pt the appo	changing it ointment as	ts registered registered
12. OFFICE IS AND DIRECTORS IS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE BUTTERY, WAYNE B. SINEEL ADDRESS CITY-ST-2P THE BUTTERY, NANCY A. 14.007-ST-2P THE BUTTERY, NANCY A. 14.00			ni aguninga ya	nin, and accept	the congations of, Section	1001.0303, 11	unua sian	JIOS	•					
THE   D	510	INATORE .	Signature, type	d or printed name of r	egistered agont and little if applicant	e (NOT	E Registered	Ager	nt signature requ	quired wh	nen reinslating)	DATE		
NAME SIRET ADDRESS 14207 PIMBERTON DR 13 STREET ADDRESS HUDSON FL 14 CITY-ST-ZP HUDSON FL 22 NAME SUTTERY, NANCY A. 22 NAME SIRET ADDRESS HUDSON FL 22 STREET ADDRESS HUDSON FL 23 STREET ADDRESS HUDSON FL 24 CITY-ST-ZP HUDSON FL 24 CITY-ST-ZP HUDSON FL 24 CITY-ST-ZP HUDSON FL 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZP HUDSON FL 44 CITY-ST-ZP HUDSON FL 45 STREET ADDRESS CITY-ST-ZP HUDSON FL 46 STREET ADDRESS CITY-ST-ZP HUDSON FL 47 STREET ADDRESS CITY-ST-ZP HUDSON FL 48 STREET ADDRESS CITY-ST-ZP HUTT HUTT HUTT HUTT HUTT HUTT HUTT HUT	<b></b>			OFFI	CERS AND DIRECTORS		13.				ADDITIONS/CHANGES TO OFFICE			
14207 PIMBERTON DR	1		_			L_I DELETE							Change	Addition
CHIV. ST. ZIP	1													
TITLE DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS CHY-ST-ZIP HUDSON FL  CHY-ST-ZIP HUDSON FL  CHY-ST-ZIP Addition  AMME STREET ADDRESS CHY-ST-ZIP  CHY-ST					(									
NAME STREET ADDRESS CHY-ST-ZP HUDSON FL  14207 PIMBERTON DR  22 STREET ADDRESS CHY-ST-ZP  THE  DELETE 31 TITLE 33 STREET ADDRESS CHY-ST-ZP  THE  DELETE 41 TITLE 42 NAME 42 NAME 43 STREET ADDRESS CHY-ST-ZP  THE  DELETE 41 TITLE 43 STREET ADDRESS CHY-ST-ZP  THE  DELETE 41 STREET ADDRESS CHY-ST-ZP  THE  DELETE 51 TITLE 52 NAME STREET ADDRESS CHY-ST-ZP  THE  DELETE 51 TITLE 53 STREET ADDRESS CHY-ST-ZP  THE  DELETE 51 TITLE 53 STREET ADDRESS CHY-ST-ZP  THE  DELETE 54 STREET ADDRESS CHY-ST-ZP  THE  DELETE 55 STREET ADDRESS CHY-ST-ZP  THE  DELETE 56 STREET ADDRESS CHY-ST-ZP  THE  DELETE 57 STREET ADDRESS CHY-ST				! <u>                                     </u>		DELEXE			- ZIP				Change	Addition
14207 PIMBERTON DR	ŀ		_	V NANCY A		L-J DELETE	1						change	Manifori
CHY-ST-ZP    HUDSON FL	ľ				}				*DODESC :					
DELETE   STITLE   Change   Addition	1				•		1		- 1					
STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  A1. TITLE  A2. NAME  4. 2. NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  A4. CITY-ST-ZIP  TITLE  DELETE  A4. CITY-ST-ZIP  TITLE  DELETE  S1. TITLE  DELETE  S1. TITLE  DELETE  S3. STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  S3. STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  S3. STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  S4. CITY-ST-ZIP  TITLE  DELETE  S5. STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  S4. CITY-ST-ZIP  TITLE  DELETE  S4. CITY-ST-ZIP  TITLE  DELETE  S4. CITY-ST-ZIP  TITLE  DELETE  S5. STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  S4. CITY-ST-ZIP  TITLE  DELETE  S4. CITY-ST-ZIP  TITLE  DELETE  S5. STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  S4. CIT				· · · · · · · · · · · · · · · · · · ·		DELETE							Change	Addition
CITY-ST-ZIP  DELETE 4.1 TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE 4.2 NAME  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  DELETE 5.1 TITLE  Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE 5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  DELETE 6.1 TITLE  DELETE 6.1 TITLE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE 6.1 TITLE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE 6.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  1.1 Lob hearby certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angual report or supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angual report or supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angual report or supplemental angual report is true and accurate and that my signature shall have the semple and effect as if made under certify that	NAN	dé i					3.2 NA	ME					•	
THE DELETE 4.1 TITLE	STH	CET ADDRESS					3.3 ST	REET A	ADDRESS					
NAME SIRET ADDRESS C.TY-ST-ZIP  ITLE DELETE 5.1 TITLE Change Addition NAME STREET ADDRESS C-TY-ST-ZIP  TITLE 5.2 NAME 5.3 STREET ADDRESS C-TY-ST-ZIP TITLE Change Addition Addition NAME 6.2 NAME STREET ADDRESS C-TY-ST-ZIP TITLE Change Addition Addition NAME 6.2 NAME STREET ADDRESS C-TY-ST-ZIP 1. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angual report or supplemental angual report is true and accurate and that my signature shall have the same lead effect as if made under outboth.					14		3.4. CI	TY-S	T-ZIP					
SIREET ADDRESS C-TY - ST - ZIP  ITLE  DELETE  5.1 TOLE  STREET ADDRESS  C-TY - ST - ZIP  DELETE  6.1 TITLE  DELETE  6.2 NAME  STREET ADDRESS  C-TY - ST - ZIP  DELETE  6.3 STREET ADDRESS  C-TY - ST - ZIP  THE  STREET ADDRESS  C-TY - ST - ZIP  DELETE  6.4 CITY - ST - ZIP  1.4 Lido hereby certify that the information supplied with this filling 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 outb that	l					L DEFELE							L Change	☐ Addition
CITY-ST-ZIP  DELETE 5.1 TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE 5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  DELETE 6.1 TITLE  Change Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  1.1 Ido hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angular export or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outby that														
THE DELETE 5.1 TITLE Change Addition  NAME  STREET ADDRESS  C-TY-ST-ZIP  THE DELETE 6.1 TITLE Change Addition  NAME  NAME  SERET ADDRESS  C-TY-ST-ZIP  THE CHANGE Addition  Change Addition  Addition  Addition  Addition  NAME  SERET ADDRESS  C-TY-ST-ZIP  1. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angular export or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outby that														
NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  Addition  NAME  STREET ADDRESS  CITY - ST - ZIP  1. Let be retained by certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angular export or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outbe that						DELETE			-ZIP				Channe	Addition
STREET ADDRESS  C-TY - ST - ZIP  INTLE  DELETE  6.1 TITLE  Change Addition  6.2 NAME  STREET ADDRESS  C-TY - ST - ZIP  6.4 CITY - ST - ZIP  1.4 I. do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angular export or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outbe that	ţ					many vectite							Unange Land	LI AUUIIUII
CITY-ST-ZIP  INTUE  DELETE  6.1 TITLE  Change  Addition  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angular proof or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outbe that	l								ADDRESS					
DELETE 6.1 TITLE  NAME  STREET ADDRESS  City- St. ZIP  14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this angular export or supplemental angular export is true and accurate and that my signature shall have the same legal effect as if made under outbuthat	ŀ								1					
STREET ADDRESS  CITY-ST-ZIP  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 outbut that					·	DELETE						<del> </del>	Change	Addition
City-St-ZiP  6.4 City-St-ZiP  14. I do hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as if made under outbut hat	NAN	f£					6.2 NA	ME					-	
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated ou this angular expert or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under outby that	STR	EET ADDRESS					6.3 STF	REET /	address					
information indicated on this angual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each that I														
Lam 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	14.	<ul> <li>information</li> </ul>	n indicated.	on this annual r	eport or supplemental and	rual report is t	rue and a	CCUI	rate and the	nat mv i	signature shall have the same leg:	al offect as	if made un	der aath: that l

VE BUTTERY - PRES -