

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V02866** (4)

1. Corporation Name

**SUN SHIP INTERNATIONAL, INC.**



Principal Place of Business

**5671 MCINTOSH RD  
SARASOTA FL 34233  
US**

Mailing Address

**5671 MCINTOSH RD  
SARASOTA FL 34233  
US**

3. Date Incorporated or Qualified

**12/23/1991**

3a. Date of Last Report

**07/11/1995**

2. Principal Place of Business

21 **5671 McIntosh Rd.**

2a. Mailing Address

26 **SAME**

4. FEI Number

**65-0302297**

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

22 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

26 **U.S.A.**

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**JOINER, BRETT J  
5671 MCINTOSH RD  
SARASOTA FL 34233**

10. Name and Address of New Registered Agent

81 Name **Brett J. Joiner**

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

83 **5671 McIntosh Rd**

84 City

**Sara.**

**FL**

85 Zip Code

**34233**

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

*Brett J. Joiner*

**Brett J. Joiner**

**4/1/96**

12. OFFICERS AND DIRECTORS

|                |                           |                                            |
|----------------|---------------------------|--------------------------------------------|
| TITLE          | <b>P</b>                  | <input type="checkbox"/> DELETE            |
| NAME           | <b>JOINER, MELINA S</b>   |                                            |
| STREET ADDRESS | <b>5671 MCINTOSH RD</b>   |                                            |
| CITY-STATE-ZIP | <b>SARASOTA FL</b>        |                                            |
| TITLE          | <b>VP</b>                 | <input type="checkbox"/> DELETE            |
| NAME           | <b>JOINER, BRETT J</b>    |                                            |
| STREET ADDRESS | <b>5671 MCINTOSH RD</b>   |                                            |
| CITY-STATE-ZIP | <b>SARASOTA FL</b>        |                                            |
| TITLE          | <b>T</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FOSNIGHT, EVELYN M</b> |                                            |
| STREET ADDRESS | <b>5673 MCINTOSH RD</b>   |                                            |
| CITY-STATE-ZIP | <b>SARASOTA FL</b>        |                                            |
| TITLE          | <b>S</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FOSNIGHT, EUGENE H</b> |                                            |
| STREET ADDRESS | <b>5673 MCINTOSH RD</b>   |                                            |
| CITY-STATE-ZIP | <b>SARASOTA FL</b>        |                                            |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |                                            |
| STREET ADDRESS |                           |                                            |
| CITY-STATE-ZIP |                           |                                            |
| TITLE          |                           | <input type="checkbox"/> DELETE            |
| NAME           |                           |                                            |
| STREET ADDRESS |                           |                                            |
| CITY-STATE-ZIP |                           |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                          |                                                                              |
|-------------------|--------------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <b>Pres, Secy.</b>       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           | <b>Joiner, Melina S.</b> |                                                                              |
| 13 STREET ADDRESS | <b>5671 McIntosh Rd.</b> |                                                                              |
| 14 CITY-STATE-ZIP | <b>Sara. FL. 34233</b>   |                                                                              |
| 21 TITLE          | <b>Vice Pres, Treas.</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           | <b>Joiner Brett J.</b>   |                                                                              |
| 23 STREET ADDRESS | <b>5671 McIntosh Rd.</b> |                                                                              |
| 24 CITY-STATE-ZIP | <b>Sara. FL. 34233</b>   |                                                                              |
| 31 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                          |                                                                              |
| 33 STREET ADDRESS |                          |                                                                              |
| 34 CITY-STATE-ZIP |                          |                                                                              |
| 41 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                          |                                                                              |
| 43 STREET ADDRESS |                          |                                                                              |
| 44 CITY-STATE-ZIP |                          |                                                                              |
| 51 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                          |                                                                              |
| 53 STREET ADDRESS |                          |                                                                              |
| 54 CITY-STATE-ZIP |                          |                                                                              |
| 61 TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                          |                                                                              |
| 63 STREET ADDRESS |                          |                                                                              |
| 64 CITY-STATE-ZIP |                          |                                                                              |

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 119.07(3)(k), 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:

*Brett J. Joiner*

**Brett J. Joiner**

**4/1/96**

**(941) 922-5659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)