

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V29220** (3)

1. Corporation Name

**SUN STORAGE, INC.**

Principal Place of Business

**1336 U.S. ALT 19  
HOLIDAY FL**

Mailing Address

**P.O. BOX 63  
TARPON SPRINGS FL 34688-0063  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified

**04/13/1992**

3a. Date of Last Report

**04/06/1995**

4. FET Number

**59-3127868**

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

9. Name and Address of Current Registered Agent

**MICHAEL, JOHN  
1336 U.S. ALT. 19  
HOLIDAY FL 34691**

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, Sections 607.0505, Florida Statutes.

SIGNATURE

Signature of person making this statement on behalf of the corporation

Signature of Registered Agent (signature required when changing)

(DATE)

12. OFFICERS AND DIRECTORS

| TITLE | NAME          | STREET ADDRESS    | CITY, ST, ZIP | <input type="checkbox"/> DELETE |
|-------|---------------|-------------------|---------------|---------------------------------|
| D     | MICHAEL, JOHN | 1336 U.S. ALT. 19 | HOLIDAY FL    |                                 |
| D     | MICHAEL, ANNE | 1336 U.S. ALT. 19 | HOLIDAY FL    |                                 |
|       |               |                   |               |                                 |
|       |               |                   |               |                                 |
|       |               |                   |               |                                 |
|       |               |                   |               |                                 |
|       |               |                   |               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|----------|---------|-------------------|------------------|-------------------------------------------------------------------|
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY, ST, ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I 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:

*John Michael*

**JOHN MICHAEL**

**2-19-96**

**813 938 7673**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #

CR2E034 (12/95)