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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V41906** **(1)**

1. Corporation Name

FLORIDA SUNBEEMERS, INC.

Principal Place of Business	Mailing Address
7704 WEXFORD STREET NORTH PORT FL 34287	7704 WEXFORD STREET NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. BOX 2257	26 P.O. BOX 2257
Suite, Apt. #, etc. 22 SARASOTA FL	Suite, Apt. #, etc. 27 SARASOTA FL
City & State 23 34230-2257 SARASOTA	City & State 28 34230-2257
Zip / Country 24 / 25 USA	Zip / Country 29 / 30 USA

4. FEI Number: 65-0364443 ☐ 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	10. Name and Address of New Registered Agent
ROBERTS, NANCY L. 7704 WEXFORD STREET NORTH PORT FL 34287	81 Name: SANDY JARRETT 82 Street Address (P.O. Box Number is Not Acceptable): 2488 Milmar Dr 83 SARASOTA FL 34237 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, Section 607.0505, Florida Statutes.

SIGNATURE: Sandra Jarrett - SANDRA JARRETT — 1-28-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	WILLIS, DEDRA	12 NAME		
STREET ADDRESS	4439 MCINTOSH ROAD	13 STREET ADDRESS	SAME	
CITY-ST-ZIP	SARASOTA FL 34233	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE	DV	☒ Change ☐ Addition
NAME	JARRETT, CLIFF	22 NAME	THOMAS JOHNSON	
STREET ADDRESS	2488 MILMAR DRIVE	23 STREET ADDRESS	1311 50th Ave Dr W	
CITY ST ZIP	SARASOTA FL	24 CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	31 TITLE	DS	☒ Change ☐ Addition
NAME	ROBERTS, NANCY L.	32 NAME	VALARIE Ponteleit	
STREET ADDRESS	7704 WEXFORD STREET	33 STREET ADDRESS	2431 Loma Linda	
CITY ST ZIP	NORTH PORT FL	34 CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	TD	41 TITLE	DT	☒ Change ☐ Addition
NAME	ROBERTS, DAN	42 NAME	PAM JOHNSON	
STREET ADDRESS	7704 WEXFORD STREET	43 STREET ADDRESS	1311 50th Ave Dr W	
CITY ST ZIP	NORTH PORT FL 34287	44 CITY ST ZIP	PALMETTO FL 34221	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST 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)(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: Dedra Willis DEDRA WILLIS — 1-28-95 — 813 365 0913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FP