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

1. Corporation Name

FLORIDA SUNBEEMERS, INC.

Principal Place of Business
P. O. BOX 2257
SARASOTA FL 34230-2257
US

Mailing Address
P. O. BOX 2257
SARASOTA FL 34230-2250
US

3. Date Incorporated or Qualified: 06/05/1992
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

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

JARRETT, SANDY
2488 MILMAR DRIVE
SARASOTA FL 34237

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, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☑ DELETE	1.1 TITLE	Pres ☑ Change ☐ Addition
NAME	WILLIS, DEDRA	1.2 NAME	Johnson, Thomas
STREET ADDRESS	4439 MCINTOSH ROAD	1.3 STREET ADDRESS	1311 50th AV DR W
CITY-ST-ZIP	SARASOTA FL 34233	1.4 CITY-ST-ZIP	Palmetto FL 34243
TITLE	DV ☐ DELETE	2.1 TITLE	V Pres ☐ Change ☑ Addition
NAME	JOHNSON, THOMAS	2.2 NAME	Terrill, Todd
STREET ADDRESS	1311 50TH AVENUE DRIVE W	2.3 STREET ADDRESS	4763 Lark Ridge Cir
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	Sarasota FL 34243
TITLE	DS ☑ DELETE	3.1 TITLE	Sec ☐ Change ☑ Addition
NAME	PONELEIT, VALARIE	3.2 NAME	Jarrett, Sandy
STREET ADDRESS	2431 LUMA LINDA	3.3 STREET ADDRESS	2488 Milmar Dr
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota FL 34237
TITLE	DT ☐ DELETE	4.1 TITLE	Treas ☐ Change ☐ Addition
NAME	JOHNSON, PAM	4.2 NAME	Johnson, Pam
STREET ADDRESS	1311 50TH AVE DR W	4.3 STREET ADDRESS	1311 50th AV DR W
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	PALMETTO FL 34243
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	

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: Pam Johnson — TREAS — 6/12/96 — 941-755-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAM JOHNSON

CR2E034 (12/95)