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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34230-2257
US

3. Date Incorporated or Qualified

06/05/1992

3a. Date of Last Report

06/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME JOHNSON, THOMAS
STREET ADDRESS 1311 50TH AV DR W
CITY-ST-ZIP PALMETTO FL 34243

☐ DELETE

TITLE VP
NAME TERRILL, TODD
STREET ADDRESS 4763 LARKRIDGE CIR
CITY-ST-ZIP SARASOTA FL 34243

☒ DELETE

TITLE S
NAME JARRETT, SANDY
STREET ADDRESS 2488 MILMAR DR
CITY-ST-ZIP SARASOTA FL 34237

☐ DELETE

TITLE T
NAME JOHNSON, PAM
STREET ADDRESS 1311 50TH AVE DR W
CITY-ST-ZIP PALMETTO FL 34243

☐ DELETE

TITLE T
NAME JOHNSON, PAM
STREET ADDRESS 1311 50TH AVE. DR. W.
CITY-ST-ZIP PALMETTO FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME MARK WILLIS
2.3 STREET ADDRESS 4439 MCINTOSH RD.
2.4 CITY-ST-ZIP SARASOTA FL 34233

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 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 PAM JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97
Date

941.755.8889
Daytime Phone #

CR2E034 (9/96)