FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V48463** **(6)**

1. Corporation Name

SUNSHINE BIRD BREEDERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4905 WINTERHAVEN DR 1800 SECOND ST. SARASOTA FL 34233 US	2014 4TH ST 1800 SECOND ST. SARASOTA FL 34237 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1992
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business
21: 4955 Fallcrest Circle
Suite, Apt. #, etc. 22:
City & State 23: Sarasota, FL
Zip 24: 34233 County 25: Sarasota

2a. Mailing Address
26: 3400 S. Tamiami Trail
Suite, Apt. #, etc. 27: 301
City & State 28: Sarasota, FL
Zip 29: 34239 County 30: Sarasota

4. FEI Number: 65-0352443 ☐ 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 total* for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JAENSCH, PETER J
2014 4TH ST
1800 SECOND ST.
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3400 S. Tamiami Trail
83: Suite 301
84 City: Sarasota **FL** 85 Zip Code: 34239

11. Pursuant to the provisions of Sections 607.0505 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] PETER J. JAENSCH 4-21-95
(Signature, typed or printed name of registered agent and date of signature) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1 1 TITLE	V	☒ Change ☐ Addition
NAME	WEIGLE, ANITA	1 2 NAME	Anita WEIGEL	
STREET ADDRESS	4955 FALLCREST CIRCLE	1 3 STREET ADDRESS	4961 Fallcrest Circle	
CITY ST ZIP	SARASOTA FL	1 4 CITY ST ZIP	Sarasota, FL 34233	
TITLE	P	2 1 TITLE		☐ Change ☐ Addition
NAME	OTT, FRANZ	2 2 NAME		
STREET ADDRESS	4955 FALLCREST CIRCLE	2 3 STREET ADDRESS		
CITY ST ZIP	SARASOTA FL	2 4 CITY ST ZIP		
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY ST ZIP		3 4 CITY ST ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY ST ZIP		4 4 CITY ST ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY ST ZIP		5 4 CITY ST ZIP		
TITLE		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)(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, added or deleted.

SIGNATURE: [signature] Franz Ott 4-20-95 813 921 1450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0343106 CP