

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 APR 24 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V60897** (8)

1. Corporation Name
SUNSIDE OF FLORIDA COMPANY

Principal Place of Business Mailing Address
101 SE 17TH TERR SUITE J-3 CAPE CORAL FL 33990 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 161 SE 17TH TERRANCE
Bldg., Apt. #, etc.
22 CAPE CORAL
City & State
23 33990 Zip **25 FLORIDA** Country

2a. Mailing Address
26 161 SE 17TH TERR SUITE J-3
Suite, Apt. #, etc.
27 CAPE CORAL FL 33990
City & State
28 33990 Zip **29 FLORIDA** Country

3. Date Incorporated or Qualified **08/31/1992** 3a. Date of Last Report **05/17/1994**
4. FEI Number **65-0354874** 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
KEITH, LYMAN W
161 SE 17TH TERR
SUITE J-3
CAPE CORAL FL 33990

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 *Lyman W Keith* (NOTE: Registered Agent signature required when reinstating) **APRIL 19, 1995** DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	KEITH, LYMAN W
STREET ADDRESS	161 SE 17TH TERR
CITY - ST - ZIP	CAPE CORAL FL
TITLE	T
NAME	KEITH, LYMAN W
STREET ADDRESS	161 SE 17TH TERR
CITY - ST - ZIP	CAPE CORAL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Lyman W Keith* **APRIL 19, 1995** DATE