


3-20-98 B-3547 NC  
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 Mar 20 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 400889 (2)  
 1. Corporation Name  
 FLORIDA SUN CONTROL PRODUCTS, INC



Principal Place of Business: 832 ORANGE AVE, DAYTONA BEACH FLA 32114, US  
 Mailing Address: 932 ORANGE AVE, DAYTONA BEACH FLA 32114, US

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified: 05/10/1972

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-30)

4. FEI Number: 59-1397207  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent  
 GOBER, JOS R  
 549 TARRAGONA WAY  
 DAYTONA BEACH FL 32014

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when relistings) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P BAILEY, SANDRA
NAME	4570 ALDER DRIVE
STREET ADDRESS	DAYTONA BEACH FL
CITY-ST-ZIP	
TITLE	S GOBER, ESTHER L
NAME	549 TARRAGONA WAY
STREET ADDRESS	DAYTONA BEACH FL
CITY-ST-ZIP	
TITLE	VP GOBER, JOSEPH R
NAME	549 TARRAGONA WAY
STREET ADDRESS	DAYTONA BEACH FL
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 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: \_\_\_\_\_

3-16-98

CR2E034 (10/97)