## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 814266

(3)

Mailing Address

SUNSHINE STATE SUPPLY, INC.

FILED May 13 1997 8:00am Secretary of State



2048 BEE RIDGE RD SARASOTA FL 34239		2048 BEE RIDGE RD SARASOTA FL 34239-6120					
				3. Date Incorporated or Qualified 03/05/1960		. Date of Last Report <b>)4/25/1996</b>	
Suite, Apt. #, etc.  22  City & State  23 ARASOTA, FL  28 SARASOT  28 SARASOT			NGLING BLVD		4. FÉI Number		Applied For
					59-0895060		Not Applicable
					5. Certificate of Status Desired	Fe	75 Additional e Required
					6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
3423		» 34a37	30 SAF	<b>PASOTA</b>	8. This corporation has liability for i	Yes 💹 No	ler s. 199.032,
	g. Name and Address of Current Re	egistered Agent	81	Mana	10. Name and Address of New Re	gistered Agent	
	Y, WILLIAM		6'	Name			
2048 BEE RIDGE RD.				82 Street Address (P.O. Box Number is Not Acceptable)			
SARA	ASOTA FL 33579		83				
			84	City		FL 85	Zip Code
11 Pursuant	to the provisions of Sections 607.0502 ar	nd 607 1508. Florida Statute	e the above	-named corr	poration submits this statement for the ri	urnose of changi	na its registerer
office or re	to the provisions of Sections 607.0502 are egistered agent, or both, in the State of F or familiar with, and accept the obligation	lorida. Such change was a	uthorized by	the corporat	tion's board of directors. I hereby accep	t the appointmer	t as registered
agent. Lar	in tamiliar with, and accept the obligation	is or, Section 607.0505, Flo	noa Statutet	i.			
SIGNATURE .	Signature Typed or primed name of registered agent and	d title if applicable. (NOTE	Registered Age	nt signature requi	red when reinstating)	DATE	
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFICE		TORS IN 12
THEF	DST	DELETE	1.1 TITLE	T		☐ Cha	nge Addition
NAME	SCHONEK, W.E.		1.2 NAME	İ			
STREET ADORESS	1333-1335 EISENHOWER BV		1.3 STREET	ADDRESS			
CITY - ST - ZIP	JOHNSTOWN PA		1.4 CITY - S	T-ZIP			
TITLE	DV	DELETE	2.1 TITLE			Cha	nge 🔲 Additio
NAMÉ	DRAGOVICH, ANN		2.2 NAME				
STREET ADDRESS	1333-1335 EISENHOWER BV		2.9 STREET	ADDRESS			
CITY - S1 - ZIP	JOHNSTOWN PA		2. 4 CITY-	1			
TITLE	DP	DELETE	3.1 TITLE			☐ Cha	nge Addition
NAME	MACY, WILLIAM		3.2 NAME	}			
STREET ADDRESS	2048 BEE RIDGE RD.		3 3 STREET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL		3.4. CITY -	` <b> </b>			
TITLE	DV '	X) DELETE	4.1 TITLE			☐ Cha	nge Addition
NAME	WEYANT, RICHARD	-	4. 2 NAME				
STREET ADORESS	2048 BEE RIDGE ROAD		4.3 STREET	ADDRESS			
CITY - ST - ZIP	SARASOTA FL		4.4 CiTY - S	T-ŽIP			
TITLE	DV	DELETE	5.1 TITLE	1		☐ Cha	nge 🔲 Addition
NAME	SEEFELDT, LAMONT R.		5.2 NAME	ľ			
STREET ADDRESS	905 ORLANDO AVE.		5.3 STREET	ADORESS			
CITY - S1 - ZIP	BRADENTON FL		5.4 CITY - 9	T-ZIP			
TITLE	DAST	DELETE	61 TITLE			Cha	nge 🔲 Additio
NAME	JACKSON, JANET		62 NAME				
STREET ADDRESS	2048 BEE RIDGE RD.		6.3 STREET	ADDRESS			
CITY-S1-ZIP	SARASOTA FL		6.4 CITY - S				

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: A SIGNATURE AND TYPED OR MENTED NAME OF S

SIGNING OFFICER OR DIRECTOR

n MACY

4-25-97

Daytime Phone #