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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

SUN PROOF CORPORATION OF FLORIDA

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address) WILL WIGHT \$1211 GIS	II 61811 1061	
1009 COURT ST 1009 COURT ST CLEARWATER FL 34616 CLEARWATER FL 34616								
APPRINTELL IF ALLIA						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualified	-	
						05/11/1987		
	lace of Business	2a. Mailing Address				4, FEI Number		oplied For
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			 -	59-2770964		ot Applicable Additional
22		27				5. Certificate of Status Desired	4 - · · ·	equired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		Zip Country				Trust Fund Contribution		to Fees
Ζίρ	· · · · · · · · · · · · · · · · · · ·					B. This corporation owes or has paid the		_ ~ _
24	25 g. Name and Address of Curre	29 33756	30			Personal Property Tax due June 30. 10. Name and Address of New Registers		_l No
TU	OMPSON, GAIL M.	in nogletored Agent		81	Name	10, Hame and Address V. Hen Hegister	а луот	
	OMESON, CALL M. DS COURT ST							
	EARWATER FL 33516		82 Street Add			ress (P.O. Box Number is Not Acceptable)		
l			[83				
				84	City		L 85 Zip	Code 3756
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								
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
				I Ager	nt signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		3C IN 12
12. TiTLE	PD 01102113 XIV	DELETE	13. DELETE 1.1 TO			ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	THOMPSON, GAIL M.	· -		ME			ogo	
STREET ADDRESS	1009 COURT ST				ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	FARMATER FA		ry-st				
TITLE	VD	DELETE	21111				Change	☐ Addition
NAME	\$M ITH, ROBERT M.			2.2 NAME				ĺ
STREET ADDRESS	1009 COURT ST		2.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		2. 4 CiTY-		1 - 2(P			
TITLE	D	DELETE 3.1		LE			Change	Addition
NAME	THOMPSON, RICHARD T.			3.2 NAME				
STREET ADDRESS	1009 COURT ST		3.3 STF	REET A	ADDRESS			
CITY-ST-ZIP	OLEARWATER FL	T ALLES	3.4. CI		T-ZIP		T as	1.100
TITLE		☐ DELETE	4.1 101				Change	☐ Addition
NAME			4. 2 NA					
STREET ADDRESS					ADDRESS			ľ
CITY-ST-ZIP TITLE		DELETE	4.4 CIT 5.1 TIT		- 711		Change	Addition
NAME		En becker			1		- Anaufic	Addition
STREET ADDRESS			5.2 NAME 5.3 STREE1		Anness			
CITY-ST-ZIP					1			
TITLE				5.4 CITY - ST - ZIP 6.1 TITLE			Change	Addition
NAME				62 NAME				
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP				6.4 CHY-ST-ZIP				
9111-91-6#			0.4 6/1	1-01	<u>=11</u>	0 2 110 02/00/0 51 11 02 11 11		

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 attachnish with an address.

4/23/98