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

Mailing Address

1009 COURT ST

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # J72156 1. Corporation Name

Principal Place of Business

1009 COURT ST

SUN PROOF CORPORATION OF FLORIDA

CLEARWATER FL 34616		CLEARWATER FL 33756 US			DO NOT WRITE IN THIS SPACE					
	·	55				3. Date Incorporated or Qualif 05/11/1987		· <u> </u>		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			Applied For		
21						59-2770964			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.			5. Certifcate of Status Desired	ı 🛛	\$8.75 Additional Fee Required		
City & State	e	City & State	· -			6. Election Campaign Financin	ng	\$5.0	00 May Bè	
23		28				Trust Fund Contribution	,a 🗅		ed to Fees	
Zip	Country Zip			intry		8. This corporation owes the c	urrent year int	angible		
24	25 29		30			Personal Property Tax.	-	🗖 Yes	□No _	
	9. Name and Address of Current	Registered Agent				10. Name and Address of Ne	w Registered	Agent		
				81	Name				·	
THOMPSON, GAIL M.				82 Street Address (P.O. Box Number is Not Acceptable)						
1009	COURT ST			82	Street Addr	ress (P.O. Box Number is Not Acce	shrapie)			
CLEARWATER FL 33756					83					
	•			84	City		FL	85 Z	Cip Code	
	to the provisions of Sections 607.0502	- 4 007 4500 Flid	Ct-t-ton the o	<u></u>		essetion submits this statement for		changing	ite registered	
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change	e was authorized	d by th	he corporation	on's board of directors. I hereby ac	cept the appoi	ntment as	registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if analizable	(NOTE: Registered	l Agent s	signature require	d when reinstating)	DATE		<del></del>	
12.	OFFICERS AND		13.	, rigorii i	organo require	ADDITIONS/CHANGES TO		ID DIREC	TORS IN 12	
TITLE	PD	□ DEL		TLE				☐ Chan		
NAME	THOMPSON, GAIL M.	<b></b>	1.2 N			•		_		
	1009 COURT ST		1		NODRESS		•		į	
STREET ADDRESS	CLEARWATER FL								{	
CITY-ST-ZIP	VD	□ DEL		TY-ST-	<u> </u>			Chan-	ge Addition	
TITLE			1						,	
NAME .	SMITH, ROBERT M.		i 2.2 N						-	
STREET ADDRESS	1009 COURT ST				NDDRESS					
CITY-ST-ZIP	CLEARWATER FL			ITY-ST-	-ZIP	<del>- , </del>	<del></del>	☐ Chan	ge 🗀 Addition	
TITLE -	D	, -, <b>⊡</b> ∙DEL			1	•		Chan	de C vagagui	
NAME	THOMPSON, RICHARD T.		3.2 N	AME					ŀ	
STREET ADDRESS	1009 COURT ST		3.3 S	TREET A	ADORESS				ļ.	
CITY-ST-ZIP	CLEARWATER FL	· <u>·</u>		TY-ST-	ZIP	<u> </u>				
TITLE		☐ DEL	ETE 4.1 TI	TLE				☐ Chan	ge 🔲 Addition 🛭	
NAME	,		4. 2 N	AME						
STREET ADDRESS	•		4.3 5	TREET A	NODRESS					
CITY-ST-ZIP			4.4 CI	ITY-ST-	ZIP					
TITLE		☐ DEI	.ETE 5.1 TI	TLE			•	Chan	ge	
NAME			5.2 N	AME		; ,				
STREET ADDRESS		-	5.3 S	TREETA	ADDRESS					
CITY-ST-ZIP	<u>.                                    </u>	·	5.4 CI	ITY-ST-	ZIP					
TITLE		☐ DEI	.ETE 6.1 T	TILE				☐ Chan	ge 🗌 Addition	
NAME			6.2 N	AME				•	ļ	
STREET ADDRESS	,		6.3 ST	TREETA	NDORESS				ľ	
CITY-ST-ZIP	· ·		6.4 CI	ITY-ST-	ZIP					
14 I hereby o	certify that the information supplied with	h this filing does not qu	alify for the exe	mptio	n stated in S	Section 119.07(3)(i), Florida Statute	s, I further cer	tify that th	ne information	
indicated officer or	on this annual report or supplemental director of the corporation or the receiver or Block 13 if changed, or on an attact	annual report is true a ver or trustee empowe	nd accurate and red to execute ti	<i>l that i</i> his ret	my signature port as requi	e shall have the same legal effect a	as if made unde	er oath; tt	nat I am an	

SIGNATURE:

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90036 032 \*\*\*150.00