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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M69139

(7)

SUN STATE VAN SERVICES, INC.

(1

FILED

May 13 1997 8:00am

Secretary of State

Suite, Apt. #, etc. Suite Apt. #, etc CO 75 Automobile	· _	e of Business	Mailing Address			Control of the state of the sta	
2. Principal Place of Business 24. Making Address 4. Fill Number 59-2902048 Acquisited To 150 Application 1				4-1649			
2. Maing Ackness 2. Maing Ackness 3. Maing Ackness 4. EET Number Apriled 1 or 1 has Application Apriled 1 or 1 has Application Apriled 1 or 1 has Application Apriled 1 or 1 has Applicated April Application							
Suite. April #, etc. 2 Silic Apt #, etc. 2 Silic Apt #, etc. 2 Coy & Status 2 Coy & Status	2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	- -
Cry & State 27	21		and the second s			59-2902048	Not Applicat
20 20 20 20 20 20 20 20	22		— · · ·			5. Certificate of Status Desired	1 1 '
8 Section of the provision of Sections of Cross and 67 Holds Statutes (No. 10 Name and Address of New Registered Agent 10 Name and Address of Proceedings of New Registered Agent 10 Name and Address of Proceedings of New Registered Agent 10 Name and Address of New Registered Agent 10 Name	City & State	0	F*3 -	F-7 '			
S. Name and Address of Current Registered Agent CROOK, DAROLYN RICHARD 5151 SHAWLAND RD JACKSONVILLE FL 32205 82 Stock Address (P.O. Box Number is Not Acceptable) 83 86 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 007 0000 and 607 th08, flatide Statutes, the above mancet corporation submits this statement for the purpose of changing its registered agent, and territor of spotking of price of price of the collegations of Section 007 0000, and 607 th08, flatide Statutes. 83 87 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 007 0000 and 607 th08, flatide Statutes, because the corporation submits this statement for the purpose of changing its registered agent, and territor deplated agent, or both, in the State of Floor, Scotion 607 0000, Floor in the Statutes. 83	ŁΨ	Country Zip			у	8. This corporation has liability for i	nlangible tax under s. 199.032,
CROOK, DAROLYN RICHARD 5181 SHAWLAND RD JACKSONVILE FL 32205 82 Street Address (P.O. Box Number is Not Acceptable) 83 Cay FL 84 Cay FL 85 Zip Code 84 Cay FL 85 Zip Code 85 Zip Code 86 Zip Code 87 Zip Code 88 Zip Code 88 Zip Code 89 Zip Code 80 Zip Code 8	24]		[29]	30			
SISTER ADDRESS 882 Stroot Address (P.O. Box Number is Not Acceptable) 883 884 City FL 85 Zip Code 985 Zip Code	000		ent Registered Agent		Norse	10. Name and Address of New Re	jistered Agent
JACKSONVILE FL 32205 88 Cay The pursuant to the provisions of Socialoris 607.0507 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent and half with an accept the obligations of Social Statutes. SIGNATURE Signature, by do prefer have decayed the obligations of Social Statutes. 12. OF FIGE ISS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO DIFFICERS AND DIRECTORS IN 12. THE ORONG, DAROLYN RICHARD 12. ADDITIONS/CHANGES TO DIFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO DIFFICERS AND DIRECTORS IN 12. 14. In It Is I I I I I I I I I I I I I I I I I				[8]	Name		
11. Pursuant to the provisions of Sociions 607.0502 and 607.1508, Fiorida Statutes, the above named corporation submitte this statement for the provisions of sociions 607.0502 and 607.1508, Fiorida Statutes, the above named corporation's board of directors. I heroby accept the appointment as registered agent, in the State of Fiorida Statutes agent. I main demand of epistered agent, in the State of Fiorida Statutes. SIGNATURE Byourse, lyved to prefet have dependent agent wind the stayet rate. D OFFICE RIS AND DIRN CTORS 12. OFFICE RIS AND DIRN CTORS DELETE 11 THE 2 NAME 13 SIRITI ADDRESS 13 SIRITI ADDRESS 151 SHAWLAND RD 13 SIRITI ADDRESS 14 CNY-ST-2P NAME 23 SIRITI ADDRESS 151 SHAWLAND RD 14 CNY-ST-2P NAME 23 SIRITI ADDRESS 151 SHAWLAND RD 151 SHAWLAN				82	Street Add	lress (P.O. Box Number is Not Acceptab	e)
11. Pursuant to the provisions of Socions 607.0562 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 heroby accept the appointment as registered agent, or firm femiliar with, and accept the obligations of, Socion 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and its, if applicable (NOT). In provised agent agency required when relieving) 12. OF FICE IS AND DIRECTORS IN 12. TITLE CROOK, DAROLYN RICHARD 13. THE 1. T				83			
11. Pursuant to the provisions of Sections 607 0502 and 607 1509. Find 603 Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. THILE 12. OFFICERS AND DIRECTORS IN 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. THILE 1					1,	The second secon	
SIGNATURE 12.	11. Pursuant f	to the provisions of Sections 607.05 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statute of Florida Such change was	utes, the above authorized b	e-named cor	poration submits this statement for the p	urpose of changing its registered
Signature, Special or french cannot of registered agrice and the at suptimate RNOT Represent Agent agricular propurer required where remainance) EAST		m familiar with, and accept the obli	igations of, Section 607.0505, F	lorida Statute	s.		The appointment of registered
Title		· · · · · · · · · · · · · · · · · · ·			ent signature requ		
NAME STREET ADDRESS 13 STREET ADDRESS 13 STREET ADDRESS 14 CHT/S-1-ZP		····			·	ADDITIONS/CHANGES TO OFFIC	
STREET ADDRESS STATE SHAWLAND RD		•					L_ Change L_ Additi
DELETE D			J				
DELETE					1		
NAME STREET ADDRESS CITY-S1-ZIP CHANGE 2.3 STREET ADDRESS CITY-S1-ZIP DELETE 3.1 ITLE DELETE 3.3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE 4.4 CITY-S1-ZIP TITLE DELETE 4.7 TITLE AMME 4.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE 4.3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE 4.4 CITY-S1-ZIP TITLE DELETE 5.1 TITLE AMME 5.2 NAME 5.3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE 5.1 TITLE AMME 5.3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE 6.4 CITY-S1-ZIP TITLE AMME 5.5 STREET ADDRESS CITY-S1-ZIP TITLE AMME 6.6 STREET ADDRESS CITY-S1-ZIP TITLE AMME 6.7 STREET ADDRESS CITY-S1-ZIP TITLE AMME 6.7 STREET ADDRESS CITY-S1-ZIP TITLE AMME 6.8 STREET ADDRESS CITY-S1-ZIP TITLE AMME 6.9 STREET ADDRESS CITY-S1-ZIP TITLE AMME 6.1 CITY-S1-ZIP TITLE AMME 6.2 NAME 6.3 STREET ADDRESS CITY-S1-ZIP TITLE AMME ADDRESS CITY-S1-ZIP TITLE ADDRESS CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP CITY-S1-ZIP TITLE ADDRESS CITY-S1-ZIP		DAONOONVILLE FE	DEFETE		\$1 - ZiP		Closes Class
2.3 STREET ADDRESS 2.4 CHTV - ST - ZIP							Change Adokt
DELETE D			ч		, inneces		
DELETE DELETE 3.1 LITE Change Addition							
NAME			DELETE		SI-ZIP		Change Additi
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP TITLE Change Addition			in settic				El orange El Audin
Addition	1			1	LADOREGO		
THILE NAME 4 2 NAME 4 2 NAME 4 2 NAME 4 2 NAME 4 3 STREET ADDRESS CITY- ST-ZIP TITLE DELETE DELETE 5 1 TITLE NAME 5 2 NAME 5 3 STREET ADDRESS CITY- ST-ZIP TITLE DELETE 6 1 TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME 6 3 STREET ADDRESS CITY- ST-ZIP TITLE NAME 6 3 STREET ADDRESS CITY- ST-ZIP TITLE NAME 6 4 CITY- ST-ZIP 14 L do hereby certify that the information supplied with this filling does not qualify for the exception stated in Section 119 O7(3)(i). Florids Statutes Literary certify that the literary certify that the information supplied with this filling does not qualify for the exception stated in Section 119 O7(3)(i). Florids Statutes Literary certify that the literary certify that the information supplied with this filling does not qualify for the exception stated in Section 119 O7(3)(i). Florids Statutes Literary certify that the literary certify the literary certify that the literary certify the literary certify that t	i						
NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE DELETE 1. 2 NAME 4. 2 NAME 4. 3 STREET ADDRESS 4. 4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. 4 CITY-ST-			DELETE		or ar		Change Additi
STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELE	NAME		- ·		}		
CITY-ST-ZIP A4 GITY-ST-ZIP	STREET ADDRESS				ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP TITLE DELETE 61 TITLE NAME 52 NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 OZ(3VI). Excide Statutes I further certify that the					·		
NAME STREET ADDRESS CITY-ST-ZIP DELETE DELETE 61 TILLE Change Addition 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exceptation stated in Section 119 07(3)(i) Florida Statutes Lightly continuents.			☐ DELETE				Change Addili
State Stat	NAME			5.2 NAME			
State Stat	STREET ADDRESS			5 3 STREET	ADDRESS		
ITTLE DELETE 61 TITLE Change Addition 62 NAME 62 NAME 63 STREEL ADDRESS CHY-ST-ZIP 64 CHY-ST-ZIP 64 CHY-ST-ZIP 64 CHY-ST-ZIP 65 To be proby certify that the information supplied with this filing does not qualify for the expension stated in Section 119 O7(3Vi). Elevide Statutes I further certify that the	CITY-ST-ZIP				1		
63 STREET ADDRESS 63 STREET ADDRESS 64 CITY - ST - 7IP 64 CITY - ST - 7IP 14. I do hereby certify that the information supplied with this filling does not qualify for the exception stated in Section 119 07(3/0). Elevide Statutes I further certify that the	TITLE		DELETE				☐ Change ☐ Additi
64 CRY-ST-7IP 6.4 CRY-ST-7IP 6.4 CRY-ST-7IP 6.4 CRY-ST-7IP 6.5 CRY-ST-7IP 6.5 CRY-ST-7IP 6.5 CRY-ST-7IP 6.5 CRY-ST-7IP 6.6 CRY-ST-7IP 6.7 CRY-ST-7IP	NAME			6.2 NAME			•
64 CHY-ST-7IP 64 CHY-ST-7IP 64 CHY-ST-7IP 65 CHY-ST-7IP 65 CHY-ST-7IP 65 CHY-ST-7IP 66 CHY-ST-7IP 66 CHY-ST-7IP 67 CHY-ST-7IP 67 CHY-ST-7IP 67 CHY-ST-7IP	STREET ADDRESS			6.3 STREET	ADDRESS		
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i) Florida Statutos. I further certify that the				6.4 CITY - S	ST - 71P		
	14. I do hereb	by certify that the information supplied	ed with this filing does not qua	lify for the eye	motion stated	d in Section 119.07(3)(i), Florida Statutes	. I further certify that the
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 ir changed or on the altachment with an address.	appears in	T Block 12 of Block 1347 changed	or on 🚁 allachment with an ac	idress/			•