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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N93000000432

1. Corporation Name

SUNSHINE STATE ONE-CALL OF FLORIDA, INC.

Principal Place of Business

7200 LAKE ELLENOR DR  
 SUITE 201  
 ORLANDO FL 32809  
 US

Mailing Address

7200 LAKE ELLENOR DR  
 STE 220  
 ORLANDO FL 32809  
 US



2. Principal Place of Business

21 11 PLANTATION RD  
 Suite, Apt. #, etc.

2a. Mailing Address

26 11 PLANTATION RD.  
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

02/01/1993

4. FEI Number

65-0445791

Applied For  
 Not Applicable

23 City & State

DEBARY, FL

28 City & State

DEBARY, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 Zip

32713

25 Country

US

29 Zip

32713

30 Country

US

9. Name and Address of Current Registered Agent

SCHLUTER, DAVID R  
 7200 LAKE ELLENOR DRIVE  
 SUITE 201  
 ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name DAVID R. SCHLUTER.  
 82 Street Address (P.O. Box Number is Not Acceptable) 11 PLANTATION RD  
 83  
 84 City DEBARY FL 85 Zip Code 32713

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE	DC	<input type="checkbox"/> DELETE
NAME	DC SPIROFF, RICHARD M.	
STREET ADDRESS	400 SW 2ND AVENUE, 7TH FLOOR	
CITY-ST-ZIP	MIAMI, F,	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	DVC RODGER, JEFF	
STREET ADDRESS	1400 CHANNELSIDE DRIVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DS HALL, DAVID W.	
STREET ADDRESS	555 LAKE BORDER LN	
CITY-ST-ZIP	APOPOKA FL	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	DAS FRANCE, ALAN	
STREET ADDRESS	601 S. LAKE DESTINY DR, STE 450	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DT SOLIS, CARLOS	
STREET ADDRESS	14 S. FT. HARRISON AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DAT	<input checked="" type="checkbox"/> DELETE
NAME	DAT JAMES, GREG	
STREET ADDRESS	501 EAST LEMON STREET	
CITY-ST-ZIP	LAKELAND FL 33801-5079	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID R. SCHLUTER	
1.3 STREET ADDRESS	11 PLANTATION RD	
1.4 CITY-ST-ZIP	DEBARY FL 32713	
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	DISCRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FRANCE, ALAN	
4.3 STREET ADDRESS	601 S LAKE DESTINY DR, STE 450	
4.4 CITY-ST-ZIP	MAITLAND, FL 32794	
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)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R. SCHLUTER Executive Director 5-3-99 407 575-2001  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)