## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

26 // PLANTATION RD.

## Katherine Harris Secretary of State

## DOCUMENT # N9300000432 1. Corporation Name

SUNSHINE STATE ONE-CALL OF FLORIDA, INC.

Principal Place of Business 7200 LAKE ELLENOR DR SUITE 201 ORLANDO FL 32809

2. Principal Place of Business

Suite, Apt. #, etc.

21 11 PLANDATION RO

Mailing Address

7200 LAKE ELLENOR DR STE 220

2a. Mailing Address

Suite, Apt. #, etc.

ORLANDO FL 32809

27

## FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90093 029 \*\*\*\*61.25

Applied For

Not Applicable

3. Date Incorporated or Qualifed

02/01/1993

65-0445791

4. FEI Number

City & State 23 D & BARY   C. 28 D & BARY   C. 29 Country 20 Country 21 State 22 State   C. 20 Country 22 State   C. 20 Country 25 Country 26 State   C. 27 State   C. 28 State   C. 29 State   C. 20	22		27		03-0445791	Not Applicable	
24 32 7/3	City & State		<b>└</b>	FL	5. Certifcate of Status Desired	Fee Required	
24 32-7/3   25   \( \) \		Country			6. Election Campaign Financing		
SCHLUTER, DAVID R 7200 LAXE ELLENOR DRIVE SUITE 201 ORLANDO FL 32809  11. Pursuant to the provisions of Sactions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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, 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 spent, 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 and site if applicable.  (NOTE: Registered Agent agenture required when invitating)  Interpolation of Statutes.  Interpolation of Sections o	24 327/	′3 [25] U.S	29 32713 30	ILS	Trust Fund Contribution	Added to Fees	
SCHLITER, DAVID R 7200 LAXE ELLENOR DRIVE SUITE 201  ORLANDO FL 32809  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 agent. I am familiar with; and accept the obligations of, Section 617,0503, Florida 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 617,0503, Florida 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 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  IN OFFICERS AND DIRECTORS  ID DELETE  11 TITLE  DC  OFFICERS AND DIRECTORS  ID DELETE  11 TITLE  DC  OFFICERS AND DIRECTORS  I STREET ADDRESS  CITY-ST-2P  MIAMI F,  OFFICERS AND DIRECTORS  I STREET ADDRESS  CITY-ST-2P  I AMONG  I STREET ADDRESS  CITY-ST-2P  I AMONG  I STREET ADDRESS  GOTH, ST-2P  MAILLI- DAVID W.  S	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
SCHLUTER, DAVID R 7200 LAKE ELLENOR DRIVE SUITE 201  ORLANDO FL 32809  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 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, 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, 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 and title if expiracion.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DC	81 Name DALLE O SCHULLES						
7200 LAKE ELLENOR DRIVE SUITE 201 ORLANDO FL 32809  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 84	SCHILITE	RUMUR		82 Street Add	ress (P.O. Box Number is Not Acceptal		
SUTTE 201 ORLANDO FL 32809  84 City DEBATLY  FL 85 Zip Code 3 2 7/3  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 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 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 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 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 submits this statement for the purpose of changing its registered office or registered agent, or both and submits this statement for the purpose of changing its registered office or registered agent, or both and submits this statement for the purpose of changing its registered or purpose of changing its registered of the provisions of the provisions of or directors. In Purpose of the appointment as registered of the provisions of the purpose of changing its registered agent, and the purpose of changing its registered of the purpose of t	·				LANDATION RO		
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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 agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, hyber or printed name of registered agent and the if applicable (NOTE: Registered Agent agenture required when reintalizing)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  DC. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  DVC. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  DVC. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  DVC. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  DVC. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  DVC. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  DVC. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  DVC. OFFICERS AND DIRECTORS IN 12  ITILE  DVC. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  DVC. OFFICERS AND DIRECTORS  14.00000000000000000000000000000000000	OUDVINDO	FE 32009		84 City 7) L	73 Ani V	FL   327/3	
orfice 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 and familiar with, and accept the obligations of, Section 617 (503), Floridal Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS	11 Durayant	to the provisions of Sections 617.0502	and 617 1508. Florida Statutes.	the above named corr	oration submits this statement for the t	nurnose of changing its registered	
Signature, Typed or printed name of registered agent and title if appicable. (NOTE: Registered Agent signature required when increased hand signature required when iterated hand is presented agent and title if appicable. (NOTE: Registered Agent signature required when iterated hand is presented agent and title if appicable. (NOTE: Registered Agent signature required when iterated hand is presented agent and title if appicable. (NOTE: Registered Agent signature required when iterated hand iterated hand is presented agent and title if appicable. (NOTE: Registered Agent signature required when iterated hand iterated hand. (Change MAMI F. 11 TITLE DA VI D R. SCHLUTER DA VI	office or n	existered enent or both in the State of	Florida, Such change was auth	orized by the comporati	on's board of directors. I hereby accept	the appointment as registered	
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DC  SPROFF, RICHARD M.  STREET ADDRESS  CITY-ST-ZIP  MAME  PODGER, JEFF  STREET ADDRESS  CITY-ST-ZIP  TITLE  DS  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL 33605  TITLE  DS  SADELETE  TITLE  DAS  APOPOKA FL  TITLE  DAS  STREET ADDRESS  CITY-ST-ZIP  TITLE  DAS  STREET ADDRESS  CITY-ST-ZIP  TITLE  DAS  STREET ADDRESS  CITY-ST-ZIP  TITLE  DAS  STREET ADDRESS  STREE	SIGNATURE	Stonature typed or printed name of recistered agent at	nd title if applicable. (NOTE: Re	gistered Agent signature require	ed when reinstating)	DATE	
NAME SPIROFF, RICHARD M. 400 SW 2ND AVENUE, 7TH FLOOR 13 STREET ADDRESS CITY-ST-ZIP MIAMI F,  TITLE DVC NAME RODGER, JEFF 1400 CHANNELSIDE DRIVE 122 NAME 1400 CHANNELSIDE DRIVE 123 STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE DAS STREET ADDRESS STREET ADDRES	12.						
NAME SPIROFF, RICHARD M.  STREET ADDRESS CITY-ST-ZIP MIAMI F,  TITLE DVC	TIFLE	DC ·	☐ DELETE				
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MAMI F,  TITLE  DVC , DELETE  AME  RODGER, JEFF  STREET ADDRESS  CITY-ST-ZIP  TITLE  DS  AME  HALL; DAVID W:  STREET ADDRESS  CITY-ST-ZIP  DAS  APOPOKA FL  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DAS  STREET ADDRESS  CITY-ST-ZIP  DIS CLETE  APOPOKA FL  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DAS  STREET ADDRESS  CITY-ST-ZIP  DIS CLETE  ALAN  STREET ADDRESS  CITY-ST-ZIP  MAITLAND FL  TITLE  DT  SOLIS, CARLOS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  MAITLAND FL  DELETE  STREET ADDRESS  GOLIS, CARLOS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  GOLIS, CARLOS  STREET ADDRESS  STREET ADDRESS		1 =	)R	1.3 STREET ADDRESS //	PLANTATION RD	•	
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NAME JAMES; GREG 62 NAME	NAME	1 =	1.	6.2 NAME			
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L'ALCON AL DE LA GARAGE POTO		1 .		6.4 CITY-ST-ZIP			
CITY-ST-ZIP LAKELAND FL 33801-30/9  14. 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	14 Chareby	certify that the information supplied with	this filing does not qualify for th		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 required to 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 a address with all other like empowered.

SIGNATURE: