## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 /50 €

FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Socretary of State . **1998** DIVISION OF CORPORATIONS 98 "" -5 Pillo: ni DOCUMENT # P970000 50 459 TALL MALL LANGUAGE A-1 Sunshine Trucking + Cleaning Inc. Principal Place of Business Mailing Address PO BOX 103 Port Richey, FL 34668 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 21 POBOX Applied For 59-3452744 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 6. Election Campaign Financing \$5.00 May Be Port Richey FL Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, ☐ Yes ☐ No Florida Statutes . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Ronald Berry PO Box 103 7622 Acomu LN. 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) Port Richey FL 34668 83 84 Zip Code City 85 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 Founda. 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 607.0505. Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELETE TITLE 1 1 TITLE 0**02557586** 06/11/93-01123-021 onald Berry 7677 ACOUNTN. NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS \*\*\*\*150.00 \*\*\*\*158.00 Richey FL 34668 CITY-ST-ZIP 1.4 CITY - ST - 7IP Change Addition TITLE 2. 1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY- ST-ZIP DELETE TITLE 3 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - ZIP DELLIE TITLE 4 1 THILE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5. 1 1ITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZiP 5.4 CITY - ST - ZIP TITLE DELETE 6. 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 eath; 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 13 if chapter 1, or on an attachment with an address.

SIGNATURE: