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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 243344 (9)
1. Corporation Name
SUNSHINE ARMATURE WORKS INC



Principal Place of Business Mailing Address
P O BOX 656 P O BOX 656
1110 S. BOULEVARD 1110 S. BOULEVARD
DELAND FL 32721 DELAND FL 32721

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/30/1960	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0913134	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SARA SLAYDON
2278 LK HIRES RD
POB 656, DELAND, FL 327210656
DELEON SPRINGS FL 32028

SARA G. SLAYDON

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	DELETE	1.1 TITLE	PSTD	Change	Addition
NAME	SLAYDON P GREGORY		1.2 NAME	P. GREGORY SLAYDON		
STREET ADDRESS	1110 S BOULEVARD		1.3 STREET ADDRESS	1110 S. Woodland Blvd		
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP	Deland, FL 32720		
TITLE	PSTD	DELETE	2.1 TITLE		Change	Addition
NAME	SLAYDON, SARA G.		2.2 NAME			
STREET ADDRESS	1110 S. BOULEVARD		2.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL		2.4 CITY-ST-ZIP			
TITLE	VD	DELETE	3.1 TITLE		Change	Addition
NAME	SLAYDON, JOHN R.		3.2 NAME			
STREET ADDRESS	1110 S. BLVD.		3.3 STREET ADDRESS	1110 S. Woodland Blvd		
CITY-ST-ZIP	DELAND FL		3.4 CITY-ST-ZIP	Deland, FL 32720		
TITLE		DELETE	4.1 TITLE	D	Change	Addition
NAME			4.2 NAME	JANE E SLAYDON		
STREET ADDRESS			4.3 STREET ADDRESS	1110 S. Woodland Blvd		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Deland, FL 32720		
TITLE		DELETE	5.1 TITLE		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			
CITY-ST-ZIP			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)(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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)