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

PROFIT CORPORATION ANNUAL REPORT

1997

DOCUMENT # 2470.
SUNSHINE FORWARDERS, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 29 1997 8:00am Secretary of State



isio talletrano avenue P.O. Box 88 Jacksonville fl 32201		P.O. BOX 88	1510 TACCEYRAND AVENUE P.O. BOX 88 JACKSONVILLE FL 32201-0088								
						3.	05/19/10	6 ated or Qualified	3a ()B)	14/1996	Report
2. Principal Pi	ace of Business	2a. Mailing Address				4.	FI 59-094	1652			Applied For
21		26									Not Applicable
Suite, Apt.	#, etc	Suite Apt. #, etc.				5.	Certificate o	of Status Desired		•	Additional
22		27								Required	
City & State	,	City & State			6.		mpaign Financing			May Be	
23		28	7					Contribution			to Fees
Zip	Country	Zip		ountry		8.	-	ation has liability for	intangible Yes		s. 199.032,
24	25	29 Registered Agent	30	-1		10	Florida Stat	Address of New R			
STOCKTON Pelan WALTIO ss of Current Registered Agent					Name		THE STATE OF THE S	Auditor of from 11	- 	~ g 4,	
	NETT BANK BLVD.			81							
JAC	KSONVILLE FL 32202			82	Street A	Address (P	.O. Box Nur	nber is Not Accepte	ible}		ļ
				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 per technique of registered agen	s and him therefore the	F Ronieto	and And	nt cinnative	required when	neinstation		DATE		
12.	OFFICERS AND		13		nt signature			CHANGES TO OFF		DIRECTO	ORS IN 12
TITLE	MCGIFFIN, JOHN G.	DELETE	1.1	TITLE				MILTIN		Change	
NAME	4114 MCGIRTS BLVD.		1.2	NAME	Ì						
STREET ADDRESS	JACKSONVILLE FL		1.3	STREET	ADDRESS						
CPY-ST-ZP	Р		1.4	CITY-S	T-ZIP						Ì
Talle	MCGIFFIN, JOHN G. 111	DELETE	DELETE 2.1 TITU							Change	Addition
NAME	1303 BEACH AVENUE		2.2	NAME							
STREET ADURESS	ATLANTIC BEACH FL			STREET	AODRESS						ł
SITY - ST - ZIP	8	,	2.4	2. 4 CITY-ST-ZIP				······			
TITLE	MCGIFFIN, EMILY		3.1	3.1 TITLE						L Change	☐ Addition
NAME	4114 MCGRITS BLVD.		3.2	NAME							
STREET ADORESS	JACKSONVILLE FL		3.3	STAEET	ADDRESS						
CH7 - S² - 7№	The state of the s		CITY-5	T-ZIP					F**1 6:		
TITLE	STOCKTON, WALDO			TITLE						Change	Addition
NAME	BARNETT BANK BLDG.			NAME							ļ
STREET ADDRESS	JACKSNVILLE FL		1		ADDRESS						1
C-TY - ST - ZIP		DELETE		CITY-S	1-ZIP			,		Change	Addition
TOTALE		L. Dittit	5 1 TITLE 5 2 NAME							LJ VIIGHYS	- I Addition
NAVE OZDSET LODGSSS					*DODESO						
STREET ADORESS					ADORESS						
CITY - ST - 71P TITLE		☐ DELETE		CITY - S TITLE	1-214					Change	Addition
			1	NAME	}					- onwinge	
NAME STOCET ADDRESS 3					ADDRESS						
STREET ADDRESS				CITY-S	- 1						
CITY - ST - ZIF			04	01112	1-207						

14. Let hereby cert by that the information supplied with this filing ooes 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 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 in changed on any artist hypothesis.

SIGNATURE: J@HN G McGIFFIN, IT 1/24/97 904/353-5591