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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

(1)377907

SUNSHINE CITY CORP.

Principal Place of Business

SOME THE LAND OF AL

Mailing Address

1000 110 1840/ 63 11



Same	HAINES CITY FL 33844		1006 US HWY 27 N. Haines City Fl 33844				
28						3. Date Incorporated or Qualified 03/04/1971	3a. Date of Last Report 04/11/1995
Sale, Apr. R. etc.    Sale, Apr. R. etc.   Sale, Apr. R. etc.		ce of Business	2a. Mailing Address				1
22	21					47-0537063	Not Applicable
23	22		27	27		5. Certificate of Status Desired	1 1 4
25   9, Name and Address of Current Registered Agent   10, Name and Address of Name Registered Agent   100	City & State		<del></del> 1			, -	
RIVAS, RONALD   1006 US HNY 27 N   HAINES CITY FL 3844   82   Street Address (P.O. Box Number is Not Acceptable)   82   Street Address (P.O. Box Number is Not Acceptable)   83   Street Address (P.O. Box Number is Not Acceptable)   84   City   FL   85   Zio Code   85		hn *		·			
BT   Name	24			30			
RIVAS, RONALD 1006 US HWY 27 N   HAINES CITY FL 33844   882   Street Address (P.O. Box Number is Not Acceptable)		5. Hame and Address of Curren	it negistered Agent	81	Name	10. Name and Address of New H	egistered Agent
1006 US HWY 27 N	RIVAS. F	ONALD					
HAINES CITY FL 33844				82	Street Add	iress (P.O. Box Number is Not Acceptab	е)
THE Pursuant to the provisiones of Sections 607 0502 and 607 1508, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered office changes as submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. I am registered age				83			
THE Pursuant to the provisiones of Sections 607 0502 and 607 1508, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered office changes as submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. I am registered age							
11. Present to the provisions of Socians 607 6502 and 607 1508. Finds Statutes, the above-hamed composation submits this statement for the purpose of changing its rejistence office or registered agant, or both in the State of Florida Such change was submits this statement for the purpose of changing its rejistence office or registered agant, or both this min of State of Florida Submits change was submits the composation's board of directors. In hereby accept the appointment as registered agant, or both min of State of Florida Statutes.    SCINATURE				84	City		FI 85 Zip Code
Note     Note	familiar with	a agent, or both, in the State of Florid	Ja Buch change was authoriz	zea by the com	named corpo oration's boa	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
12.	- Signature :	Squature typed or printed han e of registered agent	and little if an olicable /No	OTE Registered Age	d simpature require	art when remutations	PATC
PT		OFFICERS AND			n ag latore rada e		
1   STREET ADDRESS	TITLE	• • • • • • • • • • • • • • • • • • • •	DELETE	1 1 TiTLE			
CHY ST ZP	NAME			12 NAME			
PILE   NS	STREET ADDRESS			13 STREET	ADDRESS		
RIVAS, LINDA S.   SOB MONTGOMERY PLACE   23 STREEL ADDRESS   SOB MONTGOMERY PLACE   24 CITY - ST - ZP     ILLE				14 CiTY - S	T-ZIP		
STREET ADDRESS   SOB MONTGOMERY PLACE			DELETE	2 1 TITLE			Change   Addition
CHY ST ZE				2.2 NAME			
	1				Į		
NAME		VIII LA	TI DELETE		T-ZIP		
STREET ADDRESS							Crange Addition
CDY   ST-ZIP					*DDDCCC		
DELETE							
NAME         42 NAME           STREET ADDRESS         43 STREET ADDRESS           CRY SE ZR         44 CITY-ST-ZIP           TULE         DELETE           NAME         52 NAME           STREET ADDRESS         53 STREET ADDRESS           CHY-ST-ZR         54 CITY-ST-ZIP           TILE         DELETE         6 TITLE           NAME         62 NAME           STREET ADDRESS         63 STREET ADDRESS           CITY-ST-ZIP         64 CITY-ST-ZIP			DELETE		1 - 21F		Change C Addition
STREET ADDRESS   43 STREET ADDRESS   44 CHY-SI-ZIP	NAME		<del></del>	1			
A4 CITY - ST-ZIP	STREET ADDRESS				ADDRESS		
DELETE	ÖFY SEZIP						
STREET ADDRESS	TICLE		DELETE				☐ Change ☐ Addition
CHY-SI-ZP	NAM			5.2 NAME			
THE	STREET ADDRESS			53 STREET	ADDRESS		
62 NAME	CHY-SI-ZP			5.4 CITY - S	I-ZIP		
STREET ADDRESS  63 STREET ADDRESS  CITY - ST - ZIP	TILF		DELETE	6 1 TITLE			Change Addition
CID-S1-ZIE 64 CITY-S1-ZIP	NAME			6.2 NAME			
	STREET ADDRESS			6 3 STREFT	ADDRESS		
14 I did hereby copilly that the information supplied with this filing is valuatedly furnished and does not qualify for the exemption stated in Section 140 07/09/4. Florida Children		COLVA NA CUMO <del>o promove</del> n comove					

reor necessy custing that the information supplied with this filling 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 odfr, 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 changed, or on an antischment with an address.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR