

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 11:12

SECRET/RY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 472764

(0)

1. Corporation Name

SUNSHINE SOUVENIRS, INC.

Principal Place of Business

800 S. ATLANTIC AVENUE
DAYTONA BEACH FL 32118-4761

Mailing Address

800 S. ATLANTIC AVENUE
DAYTONA BEACH FL 32118-4761

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/31/1975

3a. Date of Last Report

05/01/1994

4. FEI Number

50-1584498

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suits, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suits, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

8. Name and Address of Current Registered Agent

PAPADAKOS, GEORGE
800 SOUTH ATLANTIC AVENUE
DAYTONA BEACH FL 32018

10. Name and Address of New Registered Agent

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	VROCHPOULOS, GABRIEL
STREET ADDRESS	19 STARLITE DRIVE
CITY - ST - ZIP	ORMOND BEACH, FL 00000
TITLE	V
NAME	VROCHPOULOS, ELIZABETH
STREET ADDRESS	19 STARLITE DRIVE
CITY - ST - ZIP	ORMOND BEACH, FL 00000
TITLE	ST
NAME	PAPADAKOS, GEORGE
STREET ADDRESS	19 STARLITE DRIVE
CITY - ST - ZIP	ORMOND BEACH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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.

SIGNATURE:

G. Papadacos

G. PAPADAKOS

Date

Daytime Phone #