

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

0070215

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90020 035 \*\*\*150.00

DOCUMENT # 548417

1. Corporation Name  
SUNSHINE SANDWICHES, INC.

Principal Place of Business  
840 SUNSHINE LANE  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
840 SUNSHINE LANE  
ALTAMONTE SPRINGS FL 32714



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1977

4. FEI Number

59-1778585

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

PHILLIPS, THOMAS G.  
1532 FRANCIS DR.  
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name JOHANNE M. PHILLIPS

82 Street Address (P.O. Box Number is Not Acceptable)  
1532 FRANCES DR.

83

84 City APOPKA FL 85 Zip Code 32703

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

*Johanne M. Phillips*  
Signature, typed or printed name of registered agent and title if applicable

JOHANNE M. PHILLIPS 4-8-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE  
NAME PHILLIPS, THOMAS G.  
STREET ADDRESS 1532 FRANCIS DRIVE  
CITY-ST-ZIP APOPKA FL

TITLE ST ☒ DELETE  
NAME PHILLIPS, JOHANNE  
STREET ADDRESS 1532 FRANCIS DRIVE  
CITY-ST-ZIP APOPKA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME PHILLIPS, JOHANNE M.  
1.3 STREET ADDRESS 1532 FRANCES DR.  
1.4 CITY-ST-ZIP APOPKA, FL 32703

2.1 TITLE SEC. ☐ Change ☒ Addition  
2.2 NAME LAURA HOWARD  
2.3 STREET ADDRESS 3215 HOLLIDAY AV.  
2.4 CITY-ST-ZIP APOPKA, FL 32703

3.1 TITLE TREAS. ☐ Change ☒ Addition  
3.2 NAME EVELYN OUDERKIRK  
3.3 STREET ADDRESS 150 SPANISH OAK LANE  
3.4 CITY-ST-ZIP APOPKA, FL 32703

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 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, with all other like empowered.

SIGNATURE:

*Johanne M. Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHANNE M. PHILLIPS 4-8-99 407-774-3030

Date

Daytime Phone #

CR2E034 (11/98)