

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **560829**

1. Corporation Name
SETSUN, INC.

Principal Place of Business

P. O. BOX 3007
WINTER HAVEN FL 33885

Mailing Address

P. O. BOX 3007
WINTER HAVEN FL 33885

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90206 045 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1978

4. FEI Number

59-1865636

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2494 Sunset Dr. East

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.
Winter Haven, Florida

27 Suite, Apt. #, etc.

23 City & State
33881 Polk

28 City & State

24 Zip **25 Country**

29 Zip **30 Country**

9. Name and Address of Current Registered Agent

RAWLS, C.L.
2494 SUNSET DR EAST
WINTER HAVEN FL 33881

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 C. L. Rawls
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST	<input type="checkbox"/> DELETE
NAME	RAWLS, RUTH G	
STREET ADDRESS	2494 SUNSET DR EAST	
CITY-ST-ZIP	WINTER HAVEN, FL 00000 33881	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAWLS, C L	
STREET ADDRESS	2494 SUNSET DR EAST	
CITY-ST-ZIP	WINTER HAVEN, FL 00000 33881	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RAWLS, Ruth G	
1.3 STREET ADDRESS	5135 NeSmith Road	
1.4 CITY-ST-ZIP	Plant City, FL. 33567	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAWLS, CL	
2.3 STREET ADDRESS	5135 NESMITH ROAD	
2.4 CITY-ST-ZIP	PLANT CITY, FL. 33567	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

C. L. Rawls
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/99

Date

941-294-4319

Daytime Phone #

CR2E034 (11/98)