

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90181 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 648786

1. Corporation Name
SOLAR CITY, INC.

Principal Place of Business
4305 W ALVA ST
TAMPA FL 33614

Mailing Address
4305 W ALVA ST
TAMPA FL 33614



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2010522	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

SCHABES, ROBERT J., JR.
6219 IMPERIAL KEY
TAMPA FL

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHABES, ROBERT J., JR.	1.2 NAME	
STREET ADDRESS	6219 IMPERIAL KEY	1.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	1.4 CITY-STATE-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BENTLEY, CHARLES W., II	2.2 NAME	
STREET ADDRESS	4305 W ALVA ST	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	2.4 CITY-STATE-ZIP	
TITLE	VP ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LARGE, STEVEN	3.2 NAME	
STREET ADDRESS	10021 S W 7TH CT	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PEMBROOKE PINES FL	3.4 CITY-STATE-ZIP	
TITLE	ST ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HICKS, ROBERT	4.2 NAME	
STREET ADDRESS	14259 SHEARWATER CT	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEARWATER FL	4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-99 (813) 875-5300

CR2E034 (11/98)