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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 694002 1. Corporation Name

SUNSHINE INVESTMENTS, INC. OF OKALOOSA COUNTY

Principal Place	of Rusiness	Mailing Address				(!DE+ D B+ O D + D D D + E		B)) W(U() U(U)	
823 NAVY ST		823 NAVY ST			\				
FT WALTON BEACH FL 32547		FT WALTON BEACH FL 32547							
US		US		DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated or Qualifed 07/10/1981	I		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26			59-2100464		No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	
					3. Certificate of Glatos Desired		Fee Re	quired	
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip		untry		8. This corporation owes the cur	rent year Inte		
24	25	29	30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curren	nt Registered Agent		04		10. Name and Address of New	Registered	Agent	_
woo	DARD, KENNETH			81	Name				
4770 ROLLING FIELD LANE		82 Street A		Street Add	dress (P.O. Box Number is Not Acceptable)				
HOLT FL 32564									
HOL	1 11 32304			83					
				84	City			85 Zip	Code
					-		<u> </u>		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	utes, the a	bove	-named cor	rporation submits this statement for the tion's board of directors. I hereby acce	e purpose of ept the appoir	changing its ntment as re	registered i
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, FI	lorida Stat	utes.	are corpora	don's board of directors? The bay deed	pr mo appon		
									1
SIGNATURE									
	Signature, typed or printed name of registered age			d Agent	t signature requi	red when reinstating)	DATE	ID DIDECTO	
12.	OFFICERS AN	ID DIRECTORS	13.		t signature requi	red when reinstating) ADDITIONS/CHANGES TO OI			
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12. TITLE NAME	OFFICERS AN WOODGRD, KENNETH	ID DIRECTORS	13. 1.1 TI 1.2 N	ITLE AME					
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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 estaception with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP