

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Bandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 814266

(3)

1. Corporation Name

SUNSHINE STATE SUPPLY, INC.

Principal Place of Business

**2048 BEE RIDGE RD
SARASOTA FL 34239**

Mailing Address

**2048 BEE RIDGE RD
SARASOTA FL 34239**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/05/1960

3a. Date of Last Report

05/01/1994

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

4. FEI Number

59-0695060

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**MACY, WILLIAM
2048 BEE RIDGE RD.
SARASOTA FL 33579**

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 the # if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST
NAME	SCHONEK, W.E.
STREET ADDRESS	1333-1335 EISENHOWER BV
CITY - ST - ZIP	JOHNSTOWN PA
TITLE	DV
NAME	DRAGOVICH, ANN
STREET ADDRESS	1333-1335 EISENHOWER BV
CITY - ST - ZIP	JOHNSTOWN PA
TITLE	DP
NAME	MACY, WILLIAM
STREET ADDRESS	2048 BEE RIDGE RD.
CITY - ST - ZIP	SARASOTA FL
TITLE	DV
NAME	WEYANT, RICHARD
STREET ADDRESS	2048 BEE RIDGE ROAD
CITY - ST - ZIP	SARASOTA FL
TITLE	DV
NAME	SEEFELDT, LAMONT R.
STREET ADDRESS	905 ORLANDO AVE.
CITY - ST - ZIP	BRADENTON FL
TITLE	DST
NAME	JACKSON, JANET
STREET ADDRESS	2048 BEE RIDGE RD.
CITY - ST - ZIP	SARASOTA FL

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 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if it appears on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W.E. SCHONEK

4/20/95

924-1319