

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 DEC -2 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F19088 (6)

1. Corporation Name

SUNN STATE AUTO ELECTRIC, INC.

Principal Place of Business

1911 ELLMAN ST
ORLANDO FL 32804

Mailing Address

1911 ELLMAN ST
ORLANDO FL 32804

REINSTATEMENT

3. Date Incorporated or Qualified
02/10/1981

3a. Date of Last Report
05/18/1995

4. FEI Number
59-2002216

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, MICHAEL S.
118 EAST ROBINSON STREET
ORLANDO FL 32801

81

Name

PAUL BURBAGE

82

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

1911 ELLMAN ST.

83

84

City

ORLANDO

FL

85

Zip Code

32804

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

Paul Burbage
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-16-96

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BURBAGE, DORIS D
1318 N HUDSON STREET
ORLANDO, FL 00000

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
BURBAGE, PAUL
1911 ELLMAN STR
ORLANDO, FL 00000

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

100002022291-4
-12/06/96-01069-005
****233.75 ****233.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
BURBAGE, PAUL
1911 ELLMAN STR
ORLANDO, FL 00000

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

100002022291-4
-12/06/96-01069-006
****141.25 ****141.25

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
BURBAGE, PAUL
1911 ELLMAN STR
ORLANDO, FL 00000

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
BURBAGE, PAUL
1911 ELLMAN STR
ORLANDO, FL 00000

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
BURBAGE, PAUL
1911 ELLMAN STR
ORLANDO, FL 00000

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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.

SIGNATURE:

Paul Burbage
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-96
Date Daytime Phone #

CR2E034 (12/95)