## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Sep 23 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mort am ANNUAL REPORT Secretary of State Secretary of Sta DIVISION OF CORPORATIONS 1997 DOCUMENT # F19088 (6)SUNN STATE AUTO ELECTRIC, INC. Principal Place of Business Mailing Address 1911 ELLMAN ST 1911 ELLMAN ST ORLANDO FL 32804 ORLANDO FL 32804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/10/1981 4. FEI Number 12/02/1996 2. Principal Place of Business 2a, Mailing Address Applied For Not Appl cable 21 26 59-2002216 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name **BUBBAGE, PAUL** 1911 ELLMAN ST. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE Addition TITLE 1.1 TULE Change BURBAGE, DORIS D 1.2 NAME NAME 1318 N HUDSON STREET STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP Orlando Fl 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 HILE **BURBAGE, PAUL** 2.2 NAME 1911 ELLMAN STR STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 2 4 CITY - ST - ZIP CITY-ST-ZIP ☐ DECETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change 6.1 TULE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not quality for the exemption slated 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 copy of ation 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 I start jed, or of an attachment with an address.

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