

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

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90080 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F25862

1. Corporation Name

SUNSHINE BUILDING MAINTENANCE, INC.

Principal Place of Business

C/O RENE BARRIOS  
4447 PARK BREEZE CT.  
ORLANDO FL 32808  
US

Mailing Address

C/O RENE BARRIOS  
4447 PARK BREEZE CT.  
ORLANDO FL 32808  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1981

4. FEI Number

59-2081409

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 301 Capri Isles Ct

22 Suite, Apt. #, etc. Santa Gorda Fl.

23 33950 Charlotte

24 Zip Country

2a. Mailing Address

26 301 Capri Isles

27 Suite, Apt. #, etc. Santa Gorda Fl.

28 33950 Charlotte

29 Zip Country

9. Name and Address of Current Registered Agent

BARRIOS, RENE  
4447 PARK BREEZE COURT  
ORLANDO FL 32808

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D ☐ DELETE  
NAME BARRIOS, RENE  
STREET ADDRESS 2775 MARSH WREN CIRCLE  
CITY-ST-ZIP LONGWOOD FL

TITLE T ☐ DELETE  
NAME BARRIOS, METTE  
STREET ADDRESS 2775 MARSH WREN CIRCLE  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☐ Addition  
1.2 NAME RENE BARRIOS *new Address*  
1.3 STREET ADDRESS 301 Capri Isles Ct  
1.4 CITY-ST-ZIP Santa Gorda Fl. 33950

2.1 TITLE T ☐ Change ☐ Addition  
2.2 NAME BARRIOS, METTE *new Address*  
2.3 STREET ADDRESS 301 Capri Isles Ct  
2.4 CITY-ST-ZIP Santa Gorda Fl. 33950

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 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]* RENE BARRIOS Pres. 4/15/99 941-505-1411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)