

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90082 008 \*\*\*150.00

**DOCUMENT # F44928**

1. Corporation Name

**SUN SPORTS SALES, INC.**



Principal Place of Business

**212 REDWOOD AVE  
TEMPLE TERRACE FL 33617  
US**

Mailing Address

**212 REDWOOD AVE  
TEMPLE TERRACE FL 33617  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/16/1981**

4. FEI Number

**59-2127095**

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 17826 Osprey Pointe Pl.**

2a. Mailing Address

**26 17826 Osprey Pointe Pl**

Suite, Apt. #, etc.

22 City & State

**23 Tampa, Fl. 33647**

27 City & State

**28 Tampa, Fl. 33647**

Zip Country

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**DAVISON, WILLIAM C  
212 REDWOOD AVE  
TEMPLE TERRACE FL 33617**

10. Name and Address of New Registered Agent

81 Name

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

**17826 Osprey Pointe Place**

83 Tampa

84 City

**FL**

85 Zip Code

**33647**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**VST  
DAVISON, JANICE  
212 REDWOOD AVENUE  
TEMPLE TERRACE FL**

TITLE ☐ DELETE

**D  
DAVISON, WILLIAM C  
212 REDWOOD AVENUE  
TEMPLE TERRACE FL**

TITLE ☐ DELETE

**D  
DAVISON, JANICE  
212 REDWOOD AVE  
TEMPLE TERRACE 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**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**17826 Osprey Pointe Pl.  
Tampa, Fl. 33647**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**17826 Osprey Pointe Pl.  
Tampa, Fl. 33647**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**17826 Osprey Pointe Pl.  
Tampa, Fl 33647**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/99 (813) 973-4282**

Date

Daytime Phone #

CR2E034 (11/98)