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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F76024

1. Corporation Name

SUNSHINE PROPERTIES OF TAMPA, INC.

Principal Place of Business

8606 VERONA COURT
P.O. BOX 261-866
TAMPA FL 33685-8866

Mailing Address

8606 VERONA COURT
P.O. BOX 261-866
TAMPA FL 33685-8866

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1982

4. FEI Number

59-2198185

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 1912 Rebecca Rd

Suite, Apt. #, etc.

22

City & State

23 Lutz, FL

Zip

24 33549

Country

25

2a. Mailing Address

26 P.O. BOX 261866

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33685

Country

30

9. Name and Address of Current Registered Agent

SMITH, FRANK
8606 VERONA CT.
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name Maryann S. EVANS

82 Street Address (P.O. Box Number is Not Acceptable)
1912 Rebecca Rd

83

84 City Lutz

FL

85 Zip Code

33549

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

Maryann S. Evans Maryann S. EVANS

4/28/99

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

NAME P
SMITH, FRANK
STREET ADDRESS 8606 VERONA COURT
CITY-ST-ZIP TAMPA, FL 0

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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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 ☒ Change ☐ Addition

1.2 NAME P/S
B. Leslie Cash
1.3 STREET ADDRESS 1912 Rebecca Road
1.4 CITY-ST-ZIP Lutz, FL 33549

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VP/T
Maryann S. EVANS
2.3 STREET ADDRESS 1912 Rebecca Rd
2.4 CITY-ST-ZIP Lutz, FL 33549

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:

Maryann S. Evans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 813-909-9223

Date

Daytime Phone #

CR2E034 (11/98)