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Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90059 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F94000004470

1. Corporation Name  
SUNRAY, INC.

Principal Place of Business  
16016 U.S. HWY 301  
DADE CITY FL 33525

Mailing Address  
16016 U.S. HWY 301  
DADE CITY FL 33525



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/29/1994

4. FEI Number  
59-3260895  
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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

WAINRIGHT, CHRISTINA  
16016 US HWY 301  
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name Leroy T. YAGER  
82 Street Address (P.O. Box Number is Not Acceptable) 16016 US Hwy 301  
83  
84 City Dade City FL 85 Zip Code 33525

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 *Leroy T. Yager*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

X 4-5-99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME YAGER, LEROY T  
STREET ADDRESS 37411 VISTA DRIVE  
CITY-ST-ZIP DADE CITY FL

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

TITLE V  DELETE  
NAME YAGER, ELIZABETH A  
STREET ADDRESS 37411 VISTA DRIVE  
CITY-ST-ZIP DADE CITY FL

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

TITLE ST  DELETE  
NAME WAINRIGHT, CHRISTINA  
STREET ADDRESS 37411 VISTA DRIVE  
CITY-ST-ZIP DADE CITY FL

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
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: *Leroy T. Yager* SIGNATURE REQUIRED  
LEROY T. YAGER X 4-5-99  
Date 352  
Daytime Phone # 521-5660

CR2E034 (1/198)