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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94338

(3)

SUN STATE FERNERIES, INC.

FILED

Jan 15 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address				-{	
1770 W PLYMOUTH AVE 1770 W PLYMOUTH AVE					
DELAND FL 32720		DELAND FL 32720			
					: IN THIS SPACE
				3. Date Incorporated or Qualified 08/01/1982	
<u> </u>	Place of Business	2a. Mailing Address	•	4. FEI Number	Applied For
Suite, Apt.	# ofc	Suite, Apt. #, etc.		59-2213863	Not Applicable
22	. w, O(C)	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has pa	
24	25	29	30	Personal Property Tax due June	
	9. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
STOKES, ROBERT I 1770 W. PLYMOUTH AVE.					
DELAND FL 32720			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
U.	SEA1D 1 C 32/20		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Horida Statu	ites, the above named corp	poration submits this statement for the plans board of directors. I hereby acce	purpose of changing its registered
office or I	registered agent, or both, in the State am familiar with, and accept the obliga	of Horida. Such change was itions of, Section 607.0505, F	authorized by the corporat forida Statutos.	tion's bloard of directors. I hereby accep	of the appointment as registered
SIGNATURE					
	Signature, lyped or prioled name of requiremed age	· · · · · · · · · · · · · · ·	TE Registered Agent signature requi		DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Aridition
NAME	STOKES, PHILLIP A.		1.2 NAME		
STREET ADDRESS	1770 W. PLYMOUTH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND, FL 00000 32720		1.4 CHY-ST-ZIP	•	
TITLE	TSD	☐ DETFIE	21 THLF		Change Addition
NAME	STOKES, ROBERT I.		2.2 NAME		
STREET ADDRESS	1770 W. PLYMOUTH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL 32720		2. 4 CITY - ST - ZIP		
TITLE		L.) DEVETE	313111.5		L_J Change
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CHY-ST-ZIP		
TITLE		DELETE	4131716		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ACCURESS		
CITY-ST-ZIP			4.4 CHY-ST-7IP		
TITLE	_	DELETE	5 1 TITLE		Change Addition
NAME	<u> </u>		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY+S1+7/P 6.1 TITLE		Change Addition
NAME			62 NAME		Li Guardo Li Mantan
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			6.4 C:1Y - S1 - ZIP		
14. Thereby o	certify that the information supplied we	th this filing does not qualify I	or the exemption stated in	Section 119.07(3)(i). Horida Statutos. I	further certify that the information
officer or	director of the corporation or the rece	annual report is true and activer or mistige empowered to	curate and that my signatu execute this report as requ	re shall have the same legal effect as if uired by Chapter 607, Florida Statutes;	made under dath, that I am an and that my name appears in
Block 12	or Block 13 if changed, or on an attac	m go with in address			