

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

DOCUMENT # F97000004632

1. Corporation Name

SUNSHINE STATE HOLDING CORPORATION OF DELAWARE

Principal Place of Business

2110 SAWGRASS VILLAGE DRIVE
PONTE VEDRA BEACH FL 32082

Mailing Address

2110 SAWGRASS VILLAGE DR
PONTE VEDRA BCH FL 32082
US

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90023 014 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1997

4. FEI Number

58-2351990

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

21 814 AIA North

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Ponte Vedra Beach, FL

Zip

Country

24 32082

25

2a. Mailing Address

26 814 AIA North

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Ponte Vedra Beach, FL

Zip

Country

29 32082

30

9. Name and Address of Current Registered Agent

VOLPE, T W
121 W FORSYTH ST
STE 900
JAX FL 32202

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME HOWSON, BRUCE K
STREET ADDRESS 109 MARSH REED LANE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE VCFO ☐ DELETE
NAME HOTCHKISS, WILLIAM F
STREET ADDRESS 2110 SAWGRASS VILLAGE DR
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE D ☒ DELETE
NAME PULIO, NICHOLAS J
STREET ADDRESS 99 PARK AVENUE
CITY-ST-ZIP NEW YORK NY 10016

TITLE D ☒ DELETE
NAME CSISZAR, ERNST N
STREET ADDRESS 1501 LADY STREET
CITY-ST-ZIP COLUMBIA SC 29201

TITLE D ☐ DELETE
NAME KING, JOSEPH N
STREET ADDRESS 20 HORSENECK LANE
CITY-ST-ZIP GREENWICH CT 06830

TITLE D ☐ DELETE
NAME CONNELL, K B
STREET ADDRESS 5A NORTH COTE WEST
CITY-ST-ZIP PEMBROKE, BERMUDA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME LOWRY, JR., William K.
1.3 STREET ADDRESS 99 Park Avenue - 11th floor
1.4 CITY-ST-ZIP New York, NY 10016

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Savage, Jr., R. Thomas
2.3 STREET ADDRESS 1501 Lady Street
2.4 CITY-ST-ZIP Columbia, SC 29201

3.1 TITLE D/PIC ☒ Change ☐ Addition
3.2 NAME Howson, Bruce K.
3.3 STREET ADDRESS 814 AIA North, Suite 200
3.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

4.1 TITLE V/S/CFO ☒ Change ☐ Addition
4.2 NAME Hotchkiss, W.E.
4.3 STREET ADDRESS 814 AIA North, Suite 200
4.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)