03-23-1999 90026 008 ***150.00

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 # G00395

 Corporation 	Name					
SUNCO I	Brokers, inc.					
	·					
Principal Place of Business Mailing Address						
1958 MONROE DRIVE N E P O BO X1738						
ATLANTA GA 30324-887 ATLANTA GA 30301-738 US US					DO NOT WRITE IN THIS SPACE	
05		03			3. Date incorporated or Qualifed	$\neg \neg$
					09/17/1982	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied Fo	or
21		26	<u>~</u>		59-2217588 - Not Applica	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additions	al [
22		27			Fee Required	
City & State	•	. City & State			6. Election Campaign Financing S5.00 May Be	•
23		28	Country		Trust Fund Contribution Added to Fees	
— Zip ──	— — — — — — — — — — — — — — — — — — —		Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
24	25 29 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	t registered Agent	81	Name		
BERF	ryman, hunt m					
1025 N. CHESTNUT RD			82	Street Add	ldress (P.O. Box Number is Not Acceptable)	- 1
LAKELAND, FL			83			
LAKE	ELAND FL 33805		-		85 Zip Code	
			84	City	FL 183	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes, t	he above	e-named cor	reporation submits this statement for the purpose of changing its register	red
affina ar w	egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was autho	nzea by	the comora	ation's board of directors. I hereby accept the appointment as registered	·
SIGNATURE	III lammar way and decept are obliga-					_
SIGNATURE	Signature, typed or printed name of registered ager			nt signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
12.		ID DIRECTORS	13.			ddition
TITLE			1.1 TITLE			
NAME			1.2 NAME			J
STREET ADDRESS	1208 STRATTON DR			FADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000 CD	☐ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP	☐ Change ☐ Ar	ddition
TITLE			2.2 NAME	-	- · ·	
NAME STREET ADDRESS			2.3 STREE	TADORESS		.
•	LAKELAND FL 33804		2.4 CITY-S	}		Ì
CITY-ST-ZIP TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ A	ddition
NAME	FREEMAN, WILLIAM A	•				
STREET ADDRESS			3.3 STREE	TADORESS		ł
CITY-ST-ZIP	ATLANTA GA 30324		3.4. CITY-5	T-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ A	ddition
NAME	READY, JR GEORGE W		4. 2 NAME			
STREET ADDRESS	0 1000		4,3 STREE	TADDRESS		-
CITY-ST-ZIP	ATLANTA GA 30324-4887		4.4 CITY-S	T-ZIP		(a) LL LL
TITLE	D	☐ DELETÉ	5.1 TITLE		Change A	ddition
NAME	4444 MECT ODICTINI OD		5.2 NAME			ĺ
STREET ADDRESS	55 1144 11201 01111 114 115			TADDRESS		
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	I-ZIP	☐ Change ☐ A	ddition
TITLE	- Beerie		0.1 IIILE			iounion :

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SECRETARY

404-872-3841 3-12-99

Daytime Phone #