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## 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 # G00446

SUNSPAN STRUCTURES, INC.

							╛				
Principal Place of Business Mailing Address										• • • • • •	
C/O JERRY S DAVIS C/O JERRY S DAVIS											
180 S. C.R. 427	7	180 S	180 S. C.R. 427, SUITE 108							_	
LONGWOOD FU	. 32750		LONGWOOD FL 32750				DO NOT WRITE IN THIS SPACE				
US US								Date Incorporated or Qualifed			
								08/04/1982			
2. Principal P	face of Business	2a. M	2a. Mailing Address							plied For	
21		26						59-2300163			t Applicable
Suite, Apt.	#, etc.	S	Suite, Apt. #, etc.				5.	Certifcate of Status Desired			dditional
22		27					<u> </u>		F	ee Re	quired
City & Stat	e	c	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution Added to Fees				
Zip	Country		Zip Country			•	8. This corporation owes the current year Intangible				
24	25   29   30   9. Name and Address of Current Registered Agent			30	<u> </u>			Personal Property Tax.	☐ Ye		□No
	ent Register			1	10. Name and Address of New Registered Agent						
DAM	e ieddy e				81	Name					
DAVIS, JERRY S.						Street Addre	ss (F	P.O. Box Number is Not Acceptable)			
580 EAST LAKE ST., SOUTH			l			<u>.</u>					
LÓM	GWOOD FL 32750				83						
					84	City			85	Zip (	Code
1						' 1		FL	- i l		
11. Pursuant	502 and 607.	ites, the at	ρονε	e-named corpo	ratio	n submits this statement for the purpose of	chang	ing 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.											Jistereu
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register						nt signature required	when r	reinstating) DATE			
12.	OFFICERS	AND DIRECT	ORS	13.			7	ADDITIONS/CHANGES TO OFFICERS AF	ID DIR	ECTO	
ΠΤLE ,	D		☐ DELETE	1.1 मा	LE				Ch	iange	☐ Addition
NAME	DAVIS, ROBIN L	1.2 N		1.2 NA	1.2 NAME						
STREET ADDRESS	584 E LK ST S 13		1.3 ST	1.3 STREET ADDRESS							
CITY-ST-ZIP	LONGWOOD, FL 00000		1.4 CIT	1.4 CITY-ST-ZIP							
TITLE	P			2.1 TiT	2.1 TITLE				Ch	ange	☐ Addition
NAME	DAVIS, T N	2.21		2.2 NA	2.2 NAME						
STREET ADDRESS	584 E LK ST S				2.3 STREET ADDRESS						
CITY-ST-ZIP	CHOWO CD EL COCCO				2.4 CITY-ST-ZIP						
TITLE				31 TITLE				☐ Ch	ange	Addition	
NAME				3.2 NAME							
STREET ADDRESS	584 E LK ST S					TADDRESS					
	LONGWOOD, FL 00000			3.4. CI							
CITY-ST-ZIP	\$		☐ DELETE	4.1 TIT		/1-41			☐ Ch	nange	Addition
	DAVIS, JERRY S.			4. 2 N/					_		
NAME STREET ADDRESS				4.3 STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP				□ Ch	ange	Addition		
TITLE		· · · · · · · · · · · · · · · · · · ·			5.1 TITLE 5.2 NAME				L., 5		
NAME			1	3.3 STREET ADDRESS							
STREET ADDRESS						1					
CITY-ST-ZIP			D OF STE	5.4 CIT 6.1 TIT		1-ZIP			□Ch	ianne	☐ Addition
TITLE			☐ DELETE							iai iye	- Addition
NAME				6.2 NA							
CADELL ADDOCCO	l			■ 63 ST	REFT	TADDRESS					,

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.

6.4 CITY-ST-ZIP

SIGNATURE:

4-30-99 (407) 339-4427