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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(4)SUNSHINE PROPERTIES INTERNATIONAL, INC.

## **FILED** Apr 20 1998 8:00am Secretary of State



|   |   |   |                               |                    |                         | <u> </u>  |                  |                 |              |
|---|---|---|-------------------------------|--------------------|-------------------------|---|------------------|-----------------|--------------|
| Principal Place of Business Mailing Address |   |   |                               |                    |                         | , 6,5% 6,5%   | A1011 A1811 A181 | 1 01011 1041    |              |
| 7700 A WEST<br>PENSACOLA I                  |   | 7700 A WEST FAIRFIELD<br>PENSACOLA FL 32506                   |                               |                    |                         |   |                  |                 |              |
|   |   |   |                               |                    |                         | DO NOT WRITE  | IN THIS S        | SPACE           |              |
|   |   |   |                               |                    |                         | <ol> <li>Date Incorporated or Qualified<br/>10/07/1982</li> </ol>                                 |                  |                 |              |
| 2. Principal P                              | lace of Business  | 2a. Mailing Address   | 2a. Mailing Address           |                    |                         | 4. FEI Number   |                  | Ap              | plied For    |
| 21  |   | 26  |                               |                    |                         | <u>59-2228136</u>   |                  | No              | t Applicable |
| Suite, Apt                                  | #, etc.   | Suite, Apt. #, etc.   | ······                        |                    |                         | 5. Certificate of Status Desired  |                  | \$8.75          |              |
| 22  |   | 27  |                               |                    |                         | o, continue of class beards   |                  | Fee Re          | quired       |
| City & State                                | 9   | <u>├</u>  | City & State                  |                    |                         | 6. Election Campaign Financing  | _                | \$5.00          |              |
| 23  |   | 28  |                               |                    | Trust Fund Contribution |   | Added            |                 |              |
| Zip Country                                 |   | Zip Country   |                               |                    |                         | 8. This corporation owes or has paid the current year Intangible                                  |                  |                 |              |
| 24  | 25  | [29]  | <u> </u>                      |                    |                         | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent           |                  |                 |              |
|   | 9. Name and Address of Currer   | t Hegistered Agent  |                               | 81                 | Name                    | 10. Name and Address of New He  | gistered         | Agent           |              |
|   | RGAN, JOSEPH F.   |   | 1                             | ۱"                 | Name                    |   |                  |                 |              |
|   | O A WEST FAIRFIELD  |   | Ī                             | 82                 | Street Add              | Address (P.O. Box Number is Not Acceptable)   |                  |                 |              |
| PE  | NSACOLA FL 32508  |   |                               | B3                 |                         |   |                  |                 |              |
|   |   |   |                               | 63                 |                         |   |                  |                 |              |
|   |   |   | t                             | 84                 | City                    |   |                  | <b>85</b> Zip ( | Code         |
|   |   |   |                               |                    |                         |   | <u> </u>         | . 1 1           |              |
| agent. La                                   | egistered agent, or both, in the State<br>m familiar with, and accept the oblig | of Florida. Such change was<br>ations of, Section 607.0505, F | s authorized<br>Florida Stati | d by<br>utes       | the corporat            | poration submits this statement for the particular tion's board of directors. I hereby acceptions | ot the app       | ointment as     | registered   |
| SIGNATURE                                   | Signature, typed or printed name of registered age                              | ont and title if applicable INC                               | OTE Registered                | Ape                | ni signature regui      | red when reinstating)   | DATE             |                 |              |
| 12.   | OFFICERS AN   |   | 13.                           |                    |                         | ADDITIONS/CHANGES TO OFFIC  |                  | DIRECTOR        | S IN 12      |
| TITLE                                       | PO  | DELETE  | 1 1 TIT                       | 1 1 TITLE          |                         |   |                  | Change          | ☐ Addition   |
| NAME  | MORGAN, JOSEPH F.   |   | 1.2 NA                        | ME                 |                         |   |                  |                 |              |
| STREET ADDRESS                              | 7700 A WEST FAIRFIELD   | 700 A WEST FAIRFIELD 1.3                                      |                               | AFET               | ADDRESS                 |   |                  |                 |              |
| CITY-ST-ZIP                                 | PENSACOLA FL  |   | 1.4 D()                       |                    | - 1                     |   |                  |                 |              |
| TITLE                                       | VP  | ☐ DELETE  | 21 TIT                        | _                  |                         |   |                  | ☐ Change        | Addition     |
| NAME  | MORGAN, DOUGLAS   | GAN, DOUGLAS 2  |                               | 22 NAME            |                         |   |                  |                 |              |
| STREET ADDRESS                              | 626 N BEAL ST   |   | 2350                          | REET .             | ADDRESS                 |   |                  |                 |              |
| CITY-ST-ZIP                                 | FT WALTON BCH FL  |   | 2.4 CI                        |                    |                         |   |                  |                 |              |
| TITLE                                       | ST  |   |                               | 31 TITLE           |                         |   |                  | Change          | Addition     |
| NAME  | MORGAN, DWAYNE  | · · · · · · · · · · · · · · · · · · ·                         |                               | 32 NAME            |                         |   |                  |                 |              |
| STREET ADDRESS                              | 7700 -A W FAIRFIELD DR  | AA A MI CAMPIN D. D.D.  |                               | 3.3 STREET ADDRESS |                         |   |                  |                 |              |
| CITY-ST-ZIP                                 | PENSACOLA FL  |   | 3.4 CI                        |                    |                         |   |                  |                 |              |
| TITLE                                       | D   |   |                               | LE                 | , 40                    |   |                  | Change          | Addition     |
| NAME  | MORGAN, MICHAEL S   | <del></del>   | 4. 2 NJ                       |                    |                         |   |                  |                 |              |
| STREET ADDRESS                              | P O BOX 304   |   |                               |                    | ADDRESS                 |   |                  |                 |              |
| CITY-ST-ZIP                                 | MARY ESTHER FL  |   | 4.4 CIT                       |                    |                         |   |                  |                 |              |
| TITLE                                       | D   | DELETE  | 5.1 10                        |                    |                         |   |                  | Change          | Addition     |
| NAME  | BRETHORST, RHONDA   | <del></del>   | 5.2 NA                        |                    | 1                       |   |                  |                 |              |
| STREET ADDRESS                              | 702 S WILLIAMS  | AA A 14M 4 4 4 4 A  |                               | 5 3 STREET ADDRESS |                         |   |                  |                 |              |
| CITY - ST - ZIP                             | CALIFORNIA MO   | PARIMA MA   |                               | 5.4 CITY-S1-ZIP    |                         |   |                  |                 |              |
| TITLE                                       |   | DELETE  | 6.1 TIT                       |                    | 1-EIL                   |   | <del></del>      | Change          | Addition     |
| NAME  |   |   | 6.2 NA                        |                    | }                       |   |                  | and other Ho    |              |
| STREET ADDRESS                              |   |   | 1                             |                    | ADORESS                 |   |                  |                 | 1            |
|   |   |   |                               |                    |                         |   |                  |                 |              |
| CITY-ST-ZIP                                 |   |   | 6.4 CIT                       | r - S1             | 1- EIP                  |   |                  |                 |              |

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.