

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 23 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G03937

(1)

1. Corporation Name

SUNSHINE LAND COMPANY

Principal Place of Business

324 NEWBURYPORT AVE.
ALTAMONTE SPRINGS FL 32701

Mailing Address

324 NEWBURYPORT AVE.
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/11/1982

3a. Date of Last Report

02/10/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2291398

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TITEN, EDWARD M
324 NEWBURYPORT AVE.
ALTAMONTE SPRINGS FL 32701

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME TITEN, EDWARD M
STREET ADDRESS 535 PARK NORTH COURT
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE VS
NAME DUMKE, DAVID A.
STREET ADDRESS 610 HERMITS TRAIL
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY-ST-ZIP

☐ Change ☐ Addition

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY-ST-ZIP

300001413283
-02/24/95--01104--011
****200.00 ****200.00

☐ Change ☐ Addition

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY-ST-ZIP

☐ Change ☐ Addition

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY-ST-ZIP

☐ Change ☐ Addition

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY-ST-ZIP

☐ Change ☐ Addition

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed