## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham Apr 28, 1996 08:00 AM ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **Secretary of State** DOCUMENT # G51783 (0)SUNSHINE PEAT, INC. Principal Place of Business Mailing Address 8008 APOPKA BLVD P.O. BOX 547008 APOPKA FL 32703 ORLANDO FL 32854-7008 3a. Date of Last Report 3. Date incorporated or Qualified 07/22/1983 03/20/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 59-2311599 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation has liability for intangible tax under s. 199,032, 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name "Fletcher, Richard I., Jr. Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange avenue, suite 2600 83 LORLANDO FL 32801 City 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes Signature, typed or printed name of registered agent and bite happing as a (NOTE Registered Agent supertion in OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1100 Change Addition ST JAMES, WILLIAM G. 1.2 NAME 8008 APOPKA BLVD. 1.3 STREET ADDRESS APOPKA FL 1.4 CITY - \$1 - ZIP PVD DELETE 2 1 THLE Change Addition FLETCHER, RICHARD L. JR 2.2 NAME

12. THLE NAME STREET ADDRESS DITY-ST-ZIP THEF NAME STREET ADDRESS 8008 APOPKA BLVD. 2.3 STREET ADDRESS APOPKA FL CITY - ST - ZIP 24 CITY-ST-ZIP TITLE ☐ DELETE 3 1 THLE . Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - 2IP 3.4 CITY S'-ZIP TITLE DELETE 4 1 111 LE ☐ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - ZIP Table DELETE 5 1 TITLE Change Add tion NAME 600001799396 5.2 NAME STREET ADDRESS -04/29/96--01090--004 5.3 STREET ADDRESS CITY-ST-ZIP \*\*\*200.00 5.4 CITY - ST-ZIP TITLE DELETE 8 1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS City-St-ZiP 64 CiTY - ST 7-P

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). Fiorida Statutes I further certify that the information indicated on this annual report or supplied entitle and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly of the convoration or the receiver or hustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 12 chapted, or on an all chament with an address.

SIGNATURE:

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OPFICE OR DIRECTOR

(12/95)

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