

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

FILED  
Feb 18, 1999 8:00 am  
Secretary of State

02-18-1999 90017 050 \*\*\*150.00

DOCUMENT # H99148

1. Corporation Name

SUNBELT SYSTEMS CONCEPTS, INC.

Principal Place of Business

111 NORTH ORLANDO AVE  
WINTER PARK FL 32789  
US

Mailing Address

111 NORTH ORLANDO AVE  
WINTER PARK FL 32789  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1986

4. FEI Number

59-2645801

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

TRIMBLE, T L  
111 NORTH ORLANDO AVENUE  
WINTER PARK FL 32789

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DCP ☐ DELETE

NAME BLAIR, MARDIAN J  
STREET ADDRESS 111 NORTH ORLANDO AVENUE  
CITY-ST-ZIP WINTER PARK FL

TITLE VD ☐ DELETE

NAME JERNIGAN, DONALD J  
STREET ADDRESS 111 NORTH ORLANDO AVENUE  
CITY-ST-ZIP WINTER PARK FL

TITLE VD ☐ DELETE

NAME BOHANNON, DONALD J  
STREET ADDRESS 601 E. ROLLINS ST  
CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ DELETE

NAME WERNER, THOMAS L  
STREET ADDRESS 601 E. ROLLINS ST  
CITY-ST-ZIP ORLANDO FL 32803

TITLE D ☐ DELETE

NAME WIESE, CALVIN  
STREET ADDRESS 111 NORTH ORLANDO AVENUE  
CITY-ST-ZIP WINTER PARK FL

TITLE ST ☐ DELETE

NAME GROVE, HOMER N  
STREET ADDRESS 111 NORTH ORLANDO AVENUE  
CITY-ST-ZIP WINTER PARK FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Homer N. Grove, Secretary

1/25/99

(407) 975-1504

Daytime Phone #

CR2E034 (11/98)