

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 06, 1999 8:00 am**  
**Secretary of State**

07-06-1999 90002 040 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J59718** ✓

1. Corporation Name  
**SUN COAST SERVICES, INC.**



Principal Place of Business Mailing Address  
~~% ROBERT F. JENNINGS~~ **LINDA I. JENNINGS** ~~% ROBERT F. JENNINGS~~ **LINDA I. JENNINGS**  
 BLDG M6-493 3590-BELLE-ARBOR-CIR.  
 KENNEDY SPACE CENTER FL 32899 TITUSVILLE-FL-32780  
 US US-

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Bldg M6-493 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc. 27  
 City & State 28 Kennedy Space Ctr FL  
 Zip Country 29 32899 30 US

3. Date Incorporated or Qualified  
**03/03/1987**  
 4. FEI Number Applied For  
**59-2789802** 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.  Yes  No

9. Name and Address of Current Registered Agent  
~~JENNINGS, ROBERT-F:~~  
~~3590-BELLE-ARBOR-CIR-~~  
~~TITUSVILLE-FL-32780-~~

10. Name and Address of New Registered Agent  
 81 Name **LINDA I. JENNINGS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**Bldg M6-493**  
 83  
 84 City **Kennedy Space Center FL** 85 Zip Code **32899**

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]* **LINDA I. JENNINGS** **PRESIDENT**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 06-30-99

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	JENNINGS, LINDA I.	
STREET ADDRESS	3590 BELLE ARBOR CIR.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JENNINGS, ROBERT F.	
STREET ADDRESS	3590 BELLE-ARBOR CIR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARHAM, MONA L.	
STREET ADDRESS	4562 HELENA DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **MONA L. Barham** 6/30/99 407-867-2166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

# Sun Coast Services, Inc.

Complete Food and Vending Service

Building M6-493

Kennedy Space Center FL 32899-0001

407 867-2166 FAX 407 867-8725

J59718  
581640-90002-40

30 June 1999

SUBJECT: 1999 Profit Corporation Annual Report Penalty

TO: Florida Dept of State  
Division of Corporations

Reference the late penalty imposed on the annual report for J59718, Sun Coast Services, Inc. Sun Coast requests a waiver of the penalty due to the following explanation:

- (1) The current registered agent (Robert F. Jennings), which the report was mailed, is deceased (as of 29 November 1998). The "first notice" was never received by this office, nor at Mr. Jennings' residence.
- (2) On 29 June 1999, Sun Coast received their "first notice" marked "second notice" with a \$400.00 late penalty. I phoned your annual reports section at (850) 487-6056, to advise you of the situation. I was instructed to pay the \$150.00 annual fee and enclose a statement informing you of the above events.



Mona L. Barham  
Corporate Secretary