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

PROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT # K00119

(3)

SUNBELT ACQUISITION I, INC.									
Principal Place		Mailing Address				1 . # 8. # 11. # 11. # # 11. # # 14. 11 # 11 #	1911 STEIL STEIL ST	*** # (#17 4	14041 M1M1(450)
6429 HARNEY RD. 6429 HARNEY RD. TAMPA FL 33610 TAMPA FL 33610									
						Date Incorporated or Qualified 10/30/1987	3a. Date of 03/3	Last Re 1/199	
2. Principal Place of Business 2a. Mailing Addr						4. FEt Number 59-2864885	Applied For Not Applicate		
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional		
2 City & State	ALL PROPERTY OF THE PROPERTY O	City & State				6. Election Campaign Financing	Fee Required \$5.00 May Be		
3		28				Trust Fund Contribution			d to Fees
Zφ J	Country	Zip	Cou	ntry		This corporation has liability for in Florida Statutes Yes	ntangibie tax u □No	nder s	199.032,
4	9 Name and Address of Current	29 Registered Agent	30			10. Name and Address of New R		ent	
				81	Name		<u></u>		
	VICZ, DONALD E		ŀ	82	Street A	ddress (P.O. Box Number is Not Acceptab	e)		
6429 HARNEY ROAD TAMPA FL 33610			}	83					
,,			-	84	City		85 Zip Code		
			- •	poration submits this statement for the pur	FL	_ ·			
SIGNATURE	Signatine, typed or printed name of registoreo agent at OFFICERS AND PTD		TE: Registered 13.		signature re	aulied wher reinstaling) ADDITIONS/CHANGES TO OFFI		RECTO Change	PRS IN 12
NAME STREFT ADDRESS	GRANOWICZ, DONALD E. 6429 HARNEY RD. TAMPA FL		1	REET.	ADORESS				
CITY+SE-7IP TITLE	D	DELETE		1.4 CITY - ST - ZIP 2 1 TITLE				Cnange	☐ Addition
NAMI	CLARK, HANK		2 2 NA	ME					
SUBERT ADDRESS	6429 HARNEY RD. TAMPA FL				ADDRESS				
DITN ST-ZIP DIT.E	IAMPA FL	DELETE	2 4 Cf		- ZIP	SD		Change	XX Addition
NAME			3 2 NA	ΜÉ		TRACEY, DERMOTT J.	-		
STREET ADDRESS			3 3 S	TREET	ADDRESS	6429 HARNEY ROAD			
CITY - ST - ZIF		DELETE	3 4 CI 4. 1 Ti		1-ZIP	TAMPA, FL. 33610		Change	☐ Addition
TUTLE NAME		[] been	4.2 N/					onon go	
STREET ADDRESS			4351	REET	ADDRESS				
CITY-ST-ZIP		<u>. </u>	4 4 C	TY-S	1 - ZIP				
HILE		☐ DELETE	5 1 T					Change	☐ Addition
NAME			52 N/		*DODECC				
STREET ADDRESS					ADORESS I-7IP				
DITY - ST - ZIP LITE				CITY-\$T-ZIP TITLE				Change	☐ Addition
NAME			6.2 N	AME					
STREET ADDRESS			635	TREET	ADDRESS				
CITY-S*-7P	l		6.4 CI			7 7 W. L	07/01/13 51-1	- 04-4	ina I fijali ai
	ly certify that the information supplied w	il report or supplemental ag n	iual#eport i	s tru	e and ac	ify for the exemption stated in Section 119, curate and that my signature shall have the	same legal er	ectasi	i made under
certify that oath; that	Lani an officer or director of the corpora Black 12 or Black 13 if changed, of or	ation or the receiver or truste	ewoqma e	red t	o execute	this report as required by Chapter 607, Fl	orida Statutes	and th	at my name