

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 30 PM 1:39

DOCUMENT # K07346

1. Corporation Name
SUN LU PROPERTIES, INC.

Principal Place of Business

1831 NW 13TH STREET
SUITE 8
GAINESVILLE FL 32609

Mailing Address

1831 NW 13TH STREET
SUITE 8
GAINESVILLE FL 32609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 901 NW 8th Avenue
Suite, Apt #, etc

22 Suite C-5
City & State

23 Gainesville, FL
Zip Country

24 32601 25 Alachua

2a. Mailing Address

26 901 NW 8th Avenue
Suite, Apt #, etc

27 Suite C-5
City & State

28 Gainesville, FL
Zip Country

29 32601 30 Alachua

3. Date Incorporated or Qualified

12/16/1987

4. FEI Number

59-2866295

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILSON, PATRICIA
1831 NW 13TH STREET
SUITE 8
GAINESVILLE FL 32609

10. Name and Address of New Registered Agent

81 Name
WILSON, PATRICIA
82 Street Address (P.O. Box Number is Not Acceptable)
901 NW 8th Avenue
83 Suite C-5
84 City
Gainesville FL 85 Zip Code
32601

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 *Patricia Wilson*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9-28-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
WILSON, PATRICIA
STREET ADDRESS
26318 NW 94TH AVE
CITY-STATE-ZIP
HIGH SPRINGS FL

TITLE ☐ DELETE

NAME
WILSON, PATRICIA
STREET ADDRESS
26318 NW 94TH AVE
CITY-STATE-ZIP
HIGH SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

Wilson, Patricia
901 NW 8th Avenue, Suite C-5
Gainesville, FL 32601

☒ Change ☐ Addition

Wilson, Patricia
901 NW 8th Avenue, Suite C-5
Gainesville, FL 32601

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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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-28-99 (352) 373-0874

0009827

CR2E034 (5/99)