## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K23618

(7)

FILED								
Jul 31	1997 8:00a	m						
Secr	etary of Stat	te						

SUNCO	AST SHADE & SHUTTER, I	NC.				
Principal Place	e of Business	Mailing Address	<del>-</del>			
999 CATTLEME	IN ROAD	999 CATTLEMEN RD				
UNIT E SARASOTA FL	34232	UNIT E SARASOTA FL 34232			DO NOT WRITE	: IN THIS SPACE
US	01E05	US			3. Date Incorporated or Qualified	3a. Date of Last Report
					05/16/1988	08/07/1996
<b>⊢</b> −-	lace of Business	2a. Mailing Address			4. FEt Number	Applied For
Suite, Apt.	# oto	26 Suite, Apt. #, etc.			65-0046430	Not Applicable
22	π, σις.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	T		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country	,	8. This corporation owes or has pa	
[24]	9. Name and Address of Curren	29   N Registered Agent	30		Personal Froperty Tax due June  10. Name and Address of New Re	
MFF	KS, JACK N., JR.		81	Name		giotorea rigorit
	CATTLEMEN RD UNIT E		82	Stroot Addr	ess (P.O. Box Number is Not Acceptate	
	ASOTA FL 34232				Ook Hombel is Not Acceptat	
			83			
			84	City	1. N. 172 hall	FI 85 Zip Code
11. Pursuant t	to the provisions of Sections 607 050	2 and 607.1508, Florida Statut	es, the above	L s-named corp	oration submits this statement for the r	purpose of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	authorized by	/ the corporati	ion's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE ,						
12.	Signature, lyped or printed nating of registered age OFFICERS ANI		E Registered Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PEDS AND DIDECTORS IN 12
TITLE	PTD	DELFTE	1.1 TOTALE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	MEEKS, JACK N., JR.		1.2 NAME			
STREET ADDRESS	999 CATTLEMEN RD UNIT E		1.3 STHEFT	ADDRESS		
CITY-S1-ZIP	SARASOTA FL		1.4 CRY-S	1 - 7IP		
TITLE	V	L DELETE	21 TITLE			L Change L Addition
NAME STUTEL ADDRESS	MEEKS, JACK N. (JR.)		2.2 NAME			
STHEET ADDRESS  CITY-ST-ZIP	999 CATTLEMEN RD UNIT E SARASOTA FL		23 \$1HEET			
TITLE	ON INDOIN IL	☐ DELETE	2. 4 CITY - S 3.1 TITLE	51 - 2112		Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY-S	ST- ZIP		
TALE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3.\$1REE1			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST 5.1 TITLE	1- ZIP		Channe Addition
NAME		L. Dittil	5.2 NAME			Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	2249004		
CITY-ST-ZIP			5.4 CHY-S1	Ì		
TITLE		DELETE	6.1 THLE	, L		☐ Change ☐ Addition
NAME			6.2 NAME			-
STREET ADDRESS			63 STHEET	ADDRESS		
CITY-ST-ZIP			64 CITY-SI	1-ZIP		
14. I do hereb information	y certify that the <u>information</u> supplied in indicated on this annual report or s	I with this filing does not qualifupplemental annual region is to	y for the exer	mption stated rate and that	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	s. I further certify that the I effect as if made under oath: that
i am an an	ficer or director of the corporation or a Block 12 or Block 13 if changed, or	the receiver or truster empowi	erea to execu	ute this report	l as required by Chapter 607, Florida S	latutes; and that my name