FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K43735** **(5)**

1. Corporation Name

SUNSHINE PREMIUM SERVICES, INC.

Principal Place of Business	Mailing Address
% E.W. SIELING 6101 9TH STREET NORTH ST. PETERSBURG FL 33703	% E.W. SIELING 6101 9TH STREET NORTH ST. PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/03/1988	03/22/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 3455 Central Ave	26 3455 Central Avenue	59-2918852	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 St Petersburg FL	City & State 28 St Petersburg FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33713 / 25 Pinellas	Zip / Country 29 33713 / 30 Pinellas	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIELING, EDWARD W. 6101 9TH STREET NORTH ST. PETERSBURG FL 33703	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 Edward W Sieling — April 7, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	11 TITLE		☒ Change ☐ Addition
NAME	SIELING, EDWARD W.	12 NAME		
STREET ADDRESS	6101 9TH STREET NORTH	13 STREET ADDRESS	3455 Central Avenue	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	St Petersburg FL 33713	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	SIELING, EDWARD W.	22 NAME		
STREET ADDRESS	6101 9TH STREET NORTH	23 STREET ADDRESS	3455 Central Avenue	
CITY ST ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	St Petersburg FL 33713	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Edward W. Sieling — 4/7/95 — (813) 327-5327
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #