

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K61645 (3)

1. Corporation Name
SUNSHINE ADVERTISING, INC.

Principal Place of Business 1913 CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301-6255	Mailing Address 1913 CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301-6255
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1989		3a. Date of Last Report 05/01/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2933011		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					

9. Name and Address of Current Registered Agent DORMON, SHERRY A. 1913 CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301-6255				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				85 Zip Code		FL	

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 typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when transferring.) State _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DORMON, SHERRY A.	12 NAME	
STREET ADDRESS	2017 COFFEE LANE	13 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	14 CITY - ST - ZIP	
TITLE	VD ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BERGESON, STEPHEN L.	22 NAME	
STREET ADDRESS	1313 BRONOUGH ST.	23 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	24 CITY - ST - ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	☐ DELETE	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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sherry Dormon* **SHERRY DORMON** **7/17/96** **(904) 878-2000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

CR2E034 (3/96)