FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 08, 1999 8:00 am Secretary of State

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Corporation Name

SUN RAY TACO SHOP, INC.

	· 				
Principal Plac	rincipal Place of Business Mailing Address				
C/O KENNETH W. ATKINSON 400 QUIETWATER BEACH RD. UNIT 5A PENSACOLA BEACH FL 32562		C/O KENNETH W. ATKINSON P.O. BOX 490 GULF BREEZE FL 32562			DO NOT WRITE IN THIS SPACE
US					3. Date Incorporated or Qualifed 04/10/1989
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-2947108 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intangible
24	25	29 30	<u> </u>		Personal Property Tax.
	9. Name and Address of Curren	t Kegisterea Agent	81	Name	
ATKI	INSON, KENNETH W.		Ľ.	Hearin	
	QUIETWATER BEACH RD #5		82	Stree	eet Address (P.O. Box Number is Not Acceptable)
	SACOLA BEACH FL 32561		83	-	
			65	']	
			84	City	y FL 85 Zip Code
					ned corporation submits this statement for the purpose of changing its registered
	registered agent, or both, in the State of the state of the state of the register with, and accept the obligations.				corporation's board of directors. I hereby accept the appointment as registered
_	and accept the conge				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Age	nt signaturi	ture required when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD	☐ DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	ATKINSON, ANNIE L.		1.2 NAME		
STREET ADDRESS	431 E. CENTRAL AVE APT 404		1.3 STREE	T ADDRES	ESS
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-8	T-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ATKINSON, KENNETH		2.2 NAME		
STREET ADDRESS	3002 RANCHYETTE SQUARE		2.3 STREE	T ADDRES	ESS
City-ST-ZIP	GULF BREEZE FL 32561		2. 4 CITY-	ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ATKINSON, KENNETH SR.		3.2 NAME		
STREET ADDRESS	431 E. CENTRAL AVENUE, APT	. 404	3.3 STREE	T ADDRES	ESS
CITY-ST-ZIP	ORLANDO FL 32801		3.4. CITY-	ST-ZIP	
TATLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	ESS
CITY-ST-ZIP			4.4 CITY- 9	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRES	ESS
CITY-ST-ZIP			5.4 CITY- S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRES:	ESS
			A 4 OTD/ 0	7 7/D	

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 supplied 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 or an attackment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTES-HAME OF REGING OFFICER OR DIRECTOR

20/99 850 9324174

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