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.)

CITY-ST-ZIP

APPROVED ∢ P**RO**PIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** 97 JUL 30 PM 12: 33 Socretary of State 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE. FLORIDA DOCUMENT # L82925 (3)1990 SUNSHINE CORPORATION Principal Place of Business Mailing Address 2569 COUNTRYSIDE BLVD 2569 COUNTRYSIDE BLVD **STE 15 STE 15** DO NOT WRITE IN THIS SPACE CLEARWATER FL 34621 CLEARWATER FL 34621 3. Date Incorporated or Qualified 3a. Date of Last Report 06/25/1990 4. FEI Number 04/25/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 ✓ Not Applicable 59-3017377 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 Yes Yes 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GENTILE, ANTHONY P 2011 WINDING OAKS DR 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34683 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. 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 tine if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 3.1 TITLE Change Addition NAME GENTILE, ANTHONY 1.2 NAME 700002257077---08/04/97--01160--008 2011 WINDING OAKS DR STREET ADDRESS 1.3 STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 CITY - ST- ZIP ****165.00 TITLE DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE ☐ Change Addition 6 1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 supplication in 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.

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