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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90013 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M69232

1. Corporation Name
SUNSTATE AIR DESIGNS, INC.

Principal Place of Business

250 JASMINE RD.
~~P.O. BOX 120010~~
CASSELBERRY FL 32707
US

Mailing Address

P.O. BOX 180308
~~P.O. BOX 120010~~
CASSELBERRY FL 32718-0308
US

2. Principal Place of Business

21 **250 Jasmine Rd**

Suite, Apt. #, etc.

22

City & State

23 **CASSELBERRY FL**

Zip

24 **32707**

Country

25

2a. Mailing Address

26 **Po Box 180308**

Suite, Apt. #, etc.

27

City & State

28 **CASSELBERRY FL**

Zip

29 **32718-0308**

Country

30

9. Name and Address of Current Registered Agent

BURD, TERRY
250 JASMINE RD
CASSELBERRY FL 32707

3. Date Incorporated or Qualified

02/15/1988

4. FEI Number

59-2979668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BURD, TERRY**
STREET ADDRESS **250 JASMINE RD.**
CITY-ST-ZIP **CASSELBERRY FL**

TITLE **T** ☐ DELETE

NAME **THOMASON, DONNA**
STREET ADDRESS **250 JASMINE RD**
CITY-ST-ZIP **CASSELBERRY FL 32718**

TITLE **S** ☐ DELETE

NAME **BURD, PHYLLIS**
STREET ADDRESS **250 JASMINE RD**
CITY-ST-ZIP **CASSELBERRY FL 32718**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)