FROM : CARROLLWOOD ACCOUNTING PHONE NO. : 813 93

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90177 018 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000087512

1. Entity Name
SUNCO INDUSTRIES, INC.

400069609

Principal Place of Business
~~2406 W. PLATT ST.~~
~~TAMPA, FL 33609~~

Mailing Address
~~2406 W. PLATT ST.~~
~~TAMPA, FL 33609~~

04252006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 5611 Ike Smith RD
Suite, Apt. #, etc.
City & State: Plant City (~~Thonotosassa~~)
Zip: 33565 Country: Hillsborough

3. Mailing Address: P.O. Box 71
Suite, Apt. #, etc.
City & State: Thonotosassa
Zip: 33592 Country: Hillsborough

4. FEI Number: 20-1372271 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMSON, LINDA
2406 W. PLATT ST.
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name: Kurt Allen
Street Address (P.O. Box Number is Not Acceptable): 5611 Ike Smith RD
City: Plant City FL Zip Code: 33565

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE: 4-26-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAMSON, LINDA 2406 W. PLATT ST. TAMPA, FL 33609	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. Kurt Allen 5611 Ike Smith RD Plant City FL 33565	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-26-06 813-986-5961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #