

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90155 016 \*\*\*150.00

US34-304

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P93000005474**

1. Corporation Name  
**SUNBRITE AUTO WORKS, INC.**



Principal Place of Business  
 13805 CHERRY CREEK DR  
 TAMPA FL 33618

Mailing Address  
 13805 CHERRY CREEK DR  
 TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/18/1993**

4. FEI Number  
**59-3161910**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**3924 WEST CREST AVE**

2a. Mailing Address  
**3924 WEST CREST AVE.**

23. City & State  
**Tampa Florida**

24. Zip **33614** 25. Country **USA**

27. Suite, Apt. #, etc.

28. City & State  
**Tampa Florida**

29. Zip **33614** 30. Country **USA**

9. Name and Address of Current Registered Agent  
**COTTER, MARK A**  
**220 S FRANKLIN ST**  
**TAMPA FL 33602**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MURPHREE, ROBERT E</b>	1.2 NAME	<b>S Murphree, Suzette G</b>
STREET ADDRESS	<b>13806 CHERRY CREEK DR</b>	1.3 STREET ADDRESS	<b>13805 Cherry Creek Drive</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	<b>Tampa FL 33618</b>
TITLE	<b>TS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURPHREE, EDWIN K.</b>	2.2 NAME	
STREET ADDRESS	<b>13806 CHERRY CREEK DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLF, NOLAN G</b>	3.2 NAME	
STREET ADDRESS	<b>11525 N. BELMACK BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ODESSA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Suzette Murphree* **Suzette Murphree Secretary** **4/28/99** **813 823-9816**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)