

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

DOCUMENT # P93000022495

1. Corporation Name

SUNLAND SUPPLY CO. SERVICES, INC.

Principal Place of Business

3500 SOUTH ST  
TITUSVILLE FL 32780  
US

Mailing Address

3500 SOUTH ST  
TITUSVILLE FL 32780



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1993

4. FEI Number

59-3174314

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X ☒ X

\$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

21 2223 FREEDOM AVENUE

2a. Mailing Address

26 P.O. BOX 177

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23 MIMS, FLORIDA

City & State

28 MIMS, FLORIDA

Zip

24 32754

Country

25 U.S.A.

Zip

29 32754

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

BANNISTER, JAMES C  
2604 TOWER STREET  
TITUSVILLE FL 32780

q

81 Name

BANNISTER, JAMES C.

82 Street Address (P.O. Box Number is Not Acceptable)

83

2223 FREEDOM AVENUE

84 City

MIMS, FLORIDA

FL

85 Zip Code

32754

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 BANNISTER, JAMES C

STREET ADDRESS 2604 TOWER ST

CITY-ST-ZIP TITUSVILLE FL

TITLE VP ☒ DELETE

NAME BUTLER, WAYNE J.

STREET ADDRESS 6340 MANILA DRIVE

CITY-ST-ZIP COCOA FL

TITLE VP ☒ DELETE

NAME BREEN, MARCIA L.

STREET ADDRESS 2862 DEMARET DRIVE

CITY-ST-ZIP TITUSVILLE FL

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 P ☒ Change ☐ Addition

1.2 NAME BANNISTER, JAMES C.

1.3 STREET ADDRESS 2223 FREEDOM AVENUE

1.4 CITY-ST-ZIP MIMS, FLORIDA 32754

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/99

385-3372

(407)

CR2E034 (11/98)