

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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90011 022 \*\*\*150.00

DOCUMENT # P93000027370

1. Corporation Name

SUNBURST PROFESSIONAL PROPERTY SERVICES, INC.

Principal Place of Business

1380 HOMESTEAD ROAD N  
LEHIGH ACRES FL 33936  
US

Mailing Address

1380 HOMESTEAD ROAD N  
LEHIGH ACRES FL 33936  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1993

4. FEI Number

65-0406323

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

2. Principal Place of Business

21 730 Clemwood Ave. S

Suite, Apt. #, etc.

2a. Mailing Address

26 730 Clemwood Ave. S

Suite, Apt. #, etc.

City & State

23 Lehigh Acres, FL

Zip

Country

24 33936

25 LEE

City & State

28 Lehigh Acres, FL

Zip

Country

29 33936

30 LEE

9. Name and Address of Current Registered Agent

WHEELER, LYNDIA  
730 CLEMWOOD AVE S  
SUITE 100  
LEHIGH ACRES FL 33936

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  
NAME WHEELER, LYNDIA  
STREET ADDRESS 730 CLEMWOOD AVE  
CITY-ST-ZIP LEHIGH ACRES FL 33936  
☐ DELETE

TITLE D  
NAME WHEELER, LYNDIA  
STREET ADDRESS 730 CLEMWOOD AVE SO  
CITY-ST-ZIP LEHIGH ACRES FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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: *Syn...* SIGNATURE REQUIRED 4-26-99 (441) 368-0620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0450917