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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000056920 (0)

SUNSHINE GAS-N-GO INC.

Principal Place of Business Mailing Address 13390 CORTEZ. BLVD 13390 CORTEZ BLVD **BROOKSVILLE FL 34613** BROOKSVILLE FL 34613-4887 3a. Date of Last Report 3. Date Incorporated or Qualified 08/13/1993 06/25/1996 2. Principal Place of Business Mailing Address FEI Number Applied For 59-3196834 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** Added to Fees 28 Zip Country Country Z_{10} 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Florida Statutes Yes 🔲 No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FIELD, ALAN 13390 CORTEZ BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34608 83 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 Signation, typed or posted name of regetered agent and the diapplicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. 96/6) DELETE Change Addition 11 TITLE TITLE FIELD, ALAN 1.2 NAME NAME 13390 CORTEZ BLVD 1.3 STREET ADDRESS STREET ADDRESS **BROOKSVILLE FL** DiTY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition THILE 2.1 TITLE ☐ Change NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition TIFLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-SI-ZIP 34. CITY - ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY ST ZIP DELETE Addition TITLE 6.1 TITLE Change NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** CHTY - ST - ZIP

14. Lido 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 eath; that is am an officer or director of the corporation or the receiver or true stop empty by ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted for para attachers and the statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

Jan 23 1997 8:00am

Secretary of State