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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000056920 (0)

FILED Feb 04 1998 8:00am Secretary of State

SUNSHINE GAS-N-GO INC.						
Principal Place	e of Business	Mailing Address		*.*	- I HENNINDI IND KOLON HERIT ON'HI ANLIN CO'HI PA	1104 04110 04110 40314 HINLI 0674 4001
13390 CORTEZ BLVD BROOKSVILLE FL 34613 US 13390 CORTEZ. BLVD BROOKSVILLE FL 34613 US					DO NOT WRITE IN	THIS SPACE
					3. Date Incorporated or Qualified	
					08/13/1993	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					59-3196834	Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
27						Fee Required
23		28	Ony & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Z)p Country		This corporation owes or has paid to	
24	25	29	30	. ,	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr		1331		10. Name and Address of New Regist	
FIE	LD, ALAN		8	11 Name		
13390 CORTEZ BLVD			9	82 Street Address (P.O. Box Number is Not Acceptable)		
SPRING HILL FL 34608			"	Sileoi Abd	ress (F.O. Box Number is Not Acceptable)	
			8	13		
			-	4 City		as Zin Code
						FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the object.	502 and 607,1508, Florida Statut tite of Florida, Such change was a lightness of Section 607,0505, Florida	tes, the abo authorized	ove-named corpora	poration submits this statement for the purp tion's board of directors. I hereby accept th	ose of changing its registered e appointment as registered
SIGNATURE						
12.	Signature, typed or printed name of registered of OECIOCOS.	· · · · · · · · · · · · · · · · · · ·	£ Registered A	daut eiBustna tedni		AND DIDEOTODO IN 40
TITLE	p			:	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	FIELD, ALAN		1.1 TITLE 1.2 NAME			En oughton 1
STREET ADDRESS	44400 COPTES DILE			ET ADDRESS		
CITY-ST-ZIP	BDOOMOUNT FL			-ST-ZIP		
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAM	E		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-S1-ZIP		
TITLE			3 1 TITLE			Change Addition
NAME	3.2		3.2 NAM:	£		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		☐ DELE te	4.1 TITLE			Change Addition
NAME			4. 2 NAM	NE		
STREET AODRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP	-		4.4 CITY	-ST-ZIP		
THILE	DELETE 5.1 TIT		5.1 TITLE	1		Change Addition
NAME			5.2 NAMI	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		☐ DELETÉ	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	ı		
STREET ADORESS				ET 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 anachment with an address.