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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000079767 (8) SUNSHINE ENVIRONMENTAL, INC.

## FILED May 05 1998 8:00am Secretary of State

SOMOTHINE ENVIRONMENTAL,	1110.			I
Principal Place of Business	Mailing Address		T TO STATE OF THE	II 18014 1916 1960 9/4/1 (\$01 180)
3414 72ND STREET NORTH TAMPA FL 33619	3414 72ND STREET NO TAMPA FL 33619	ATH	DO NOT WRITE IN 1	THIS SPACE
			3. Date Incorporated or Qualified	THO STRICE
			11/15/1993	·
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21	26		59-3282484	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28	Country	Trust Fund Contribution	
24 25	7 (p 29	30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	☐ Yes ☐ No
g, Name and Address of C	current Registered Agent		10, Name and Address of New Registe	ered Agent
SHAW, DAVIO D		81 Name		
3414 72ND STREET NORTH TAMPA FL 33619		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
		83		
		84 City	,	FL 85 Zip Code
office or registered agent, or both, in the agent. I are familiar with, and accept the SIGNATURE	State of Florida. Such change was obligations of, Section 607.0505, F	authorized by the corpo-	orporation submits this statement for the purporation's board of directors. I hereby accept the surred when reinstaling)	use of changing its registered e appointment as registered
12. OFFICER	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
HAME SHAW, DAVID D		1.2 NAME		
STREET ADDRESS 3414 72ND STREET NO	राभ	1.3 STREET ADDRESS		إإ
City-st-zip TAMPA FL 33619	Delete	1.4 CITY-ST-ZIP		Change Addition
THILE	☐ DELETE	2.1 TITLE		Change Addition
NAME ANDERS ADDRESS		2.2 NAME		,
STREET ADDRESS		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		İ
CITY-ST-ZIP		3.4. CITY-ST-ZIP		<b>!</b>
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	51 TITLE		Change Addition
NAME		52 NAME		Į.
STREET ADDRESS		5.3 STREET ADDRESS		
CITY+ST-ZIP		5 4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

4. 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 of director of the Corporation or the receiver or trustee expression of the corporation of th

SIGNATURE:

4-27-98 248-29