

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90164 005 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000081172

1. Corporation Name
SUN STATE CONTROLS, INC.



Principal Place of Business 3120 BONNETT POND RD CHIPLEY FL 32428 US	Mailing Address P O BOX 160 WAUSAU FL 32463 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 4369 Hwy 77 22 City & State CHIPLEY FL 23 Zip 32428 24 Country Washington		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/18/1993	
		4. FEI Number 59-3220487		Applied For Not Applicable	
		5. Certificate of Status Desired 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	

9. Name and Address of Current Registered Agent ODOM, RONALD C 3120 BONNETT POND ROAD CHIPLEY FL 32428		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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ODOM, RONALD C	1.1 TITLE	
NAME	ODOM, RONALD C	1.2 NAME	
STREET ADDRESS	3120 BONNETT POND ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	1.4 CITY-ST-ZIP	
TITLE	ST ODOM, THADA	2.1 TITLE	
NAME	ODOM, THADA	2.2 NAME	
STREET ADDRESS	3120 BONNETT POND ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	2.4 CITY-ST-ZIP	
TITLE	V ADKISON, CARNETTE K	3.1 TITLE	
NAME	ADKISON, CARNETTE K	3.2 NAME	
STREET ADDRESS	PO BOX 5 N A	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERNON FL 32462	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 attachment with an address, with all other like empowered.

SIGNATURE:  CARNETTE K ADKISON 4-30-99 850-773-3701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)