FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000081393 (9)**

1. Corporation Name

SUNSHINE PIPELINES, INC.

Principal Place of Business

400 N ASHLEY STREET
SUITE 2600
TAMPA FL 33602

Mailing Address

500 RANAISSANCE CENTER
DETROIT MI 48243
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 11/29/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3225528

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has activity to attribute to a trade or business in the United States ☐ Yes ☒ No

21 / 22 / 23 / 24 / 25

26 500 Renaissance Center / 27 / 28 / 29 / 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 607.325, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Dated: _____ According to the corporate records of this corporation, I hereby accept the appointment as registered agent. I am familiar with and I hereby agree to comply with the provisions of Florida Statutes.

SIGNATURE

12. OFFICERS, DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS		
TITLE	PCEO	TITLE		☐ DIR ☒ OFFICER
NAME	BURGIN, E J	NAME		
ADDRESS	400 N ASHLEY ST STE 2600	ADDRESS		
CITY ST ZIP	TAMPA FL	CITY ST ZIP	33602	
TITLE	V	TITLE		☐ DIR ☒ OFFICER
NAME	JENKINS, ANDREW	NAME		
ADDRESS	400 N ASHLEY ST STE 2600	ADDRESS		
CITY ST ZIP	TAMPA FL	CITY ST ZIP	33602	
TITLE	VGC	TITLE		☐ DIR ☒ OFFICER
NAME	SHELTON, DEBORAH K	NAME		
ADDRESS	400 N ASHLEY ST STE 2600	ADDRESS		
CITY ST ZIP	TAMPA FL	CITY ST ZIP	33602	
TITLE	V	TITLE		☐ DIR ☒ OFFICER
NAME	WHALEY, DONALD B	NAME		
ADDRESS	NINE GREENWAY PLAZA	ADDRESS		
CITY ST ZIP	HOUSTON TX	CITY ST ZIP	77046	
TITLE	S	TITLE		☐ DIR ☒ OFFICER
NAME	O'TOOLE, AUSTIN M	NAME		
ADDRESS	9 GREENWAY PLAZA	ADDRESS		
CITY ST ZIP	HOUSTON TX	CITY ST ZIP	77046	
TITLE	AT	TITLE		☐ DIR ☒ OFFICER
NAME	MILLS, JOHN C	NAME		
ADDRESS	500 RENAISSANCE CENTER	ADDRESS		
CITY ST ZIP	DETROIT MI	CITY ST ZIP	48243	

14. I hereby certify that the corporation has paid all fees due to the Department of State under the Florida Statutes, that the information indicated on this report or supplemental report is true and that the signature below constitutes my signature on this report or supplemental report, subject to the penalties prescribed for filing a false report. Signature of a director or officer of a corporation or other business entity required to file the report or supplemental report, or other person authorized by law to file the report or supplemental report.

SIGNATURE: John C. Mills — John C. Mills — 4-28-95 — (313) 496-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04H0030 FP