FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90017 041 \*\*\*150.00

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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000017526

SUNNI S	AILING, INC.					- 	
Principal Place	of Rusiness	Mailing Address				i icai	
324 W. GORE ST 324 W GORE STREET ORLANDO FL 32806 ORLANDO FL 32806					DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed		
					03/03/1994		
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied F	or	
21 26					<b>59-3228106</b> Not Appl	cable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired  5. Section 5. Section 5. Section 5. Section 5. Section 6. Section		
27					Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be		
Zip	Country			у	8. This corporation owes the current year Intangible		
24	25 29 30				Personal Property Tax. ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				Name			
MEARS, PAUL S JR			82	82 Street Address (P.O. Box Number is Not Acceptable)			
324 W GORE STREET							
ORLANDO FL 32806			83	3			
			84	City	FL 85 Zip Code		
				1		hered	
l office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	a of Florida. Such chande was autho	inzea ov	v the corporation	oration submits this statement for the purpose of changing its registion's board of directors. I hereby accept the appointment as registered	ď	
SIGNATURE						_	
	Signature, typed or printed name of registered age			ent signature required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
12.		ND DIRECTORS  ☐ DELETE	13.	<del> </del>		Addition	
TITLE	DP	□ beceie					
NAME	MEARS, PAUL S JR 324 W GORE STREET		1.2 NAME			1	
STREET ADDRESS	ORLANDO FL	1		ET ADDRESS			
CITY-ST-ZIP	ST ST		1.4 CITY-1 2.1 TITLE		☐ Change ☐	Addition	
TITLE	CARNS, CHARLES JR	_	22 NAME		<del>-</del> -		
NAME	324 W. GORE ST			ET ADDRESS			
STREET ADDRESS	ORLANDO FL 32806	<i>r</i>	2.4 CITY-				
CITY-ST-ZIP TITLE	V		3.1 TITLE		☐ Change ☐	Addition	
NAME	SEARCY, ROBERT A	_	3.2 NAME			1	
STREET ADDRESS	324 W. GORY ST			ET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32806		3.4. CITY-				
TITLE	S	, DELETE	4.1 TITLE		Change	Addition	
NAME	BAKER, TIMOTHY L.	/	4. 2 NAME	.			
STREET ADDRESS	324 W GORE STREET		4.3 STREE	ET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-				
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐	Addition	
NAME			5.2 NAME				
STREET ADDRESS		5.3		ET ADDRES\$			
CITY-\$T-ZIP	5.4 C		5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐	Addition	

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.

6.2 NAME

6.3 STREET ADDRESS

Sec

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS



407 422 4561