

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

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

04-30-1999 90147 031 ***150.00

DOCUMENT # P94000036585

1. Corporation Name
SUN HIPPIE, INC.

Principal Place of Business

28 AMARY LS DR
KEY WEST FL 33040
US

Mailing Address

P.O BOX 2207
KEY WEST FL 33045
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1994

4. FEI Number

65-0499604

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. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Sun Hippie Inc

26 Sun Hippie Inc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 908 18th Terr

27 908 18th Terr

City & State

City & State

23 Key West FL

28 Key West FL

Zip Country

Zip Country

24 33040 25 U.S.A.

29 33040 30 U.S.A.

9. Name and Address of Current Registered Agent

FOLTZ, LARRY
28 AMARYLLIS DRIVE
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name Larry Foltz Jr.

82 Street Address (P.O. Box Number is Not Acceptable)
908 18th Terr.

83

84 City Key West FL 85 Zip Code 33040

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)

4/6/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE

NAME FOLTZ, LARRY
STREET ADDRESS 28 AMARYLLIS DRIVE
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☒ Change ☐ Addition

1.2 NAME Foltz Larry Jr.
1.3 STREET ADDRESS 908 18th Terr
1.4 CITY-ST-ZIP Key West FL 33040

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)