## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

1. Corporation Name

Principal Place of Business

P94000043071 (7)

SUN STATE EXTERIORS, INC.

Maiting Address

310 BRUNSON BLVD SHITE 107

210 RRUNSON RIVE SHITE 107

**FILED** May 01 1996 8:00 am Secretary of State

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COCOA FL 32922		GOCOA FL 32922	COCOA FL 32922						
						3. Date Incorporated or Qualified 06/06/1994	3a. Date o	of Last 7/10/	•
2. Principal Piac	e of Business	2a. Mailing Address				4. FEI Number			Applied For
		26				59-3246930			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			DO May Be ed to Fees
Zip	Country	Zip	Coun	try		8. This corporation has liability for i	ntangible tax	under	s 199.032,
24	25	29	30			Florida Statutes Yes			
	<ol><li>Name and Address of Current</li></ol>	nt Registered Agent	<u>-</u>			10. Name and Address of New R	egistered A	gent	
			1	B1	Name				
	ian, Janet Y		Ī	B2	Street Addre	<sub>BSS</sub> (P.O. Box Number is Not Acceptab	le)		
	unson blvd suite 107 A FL 32922		1	В3				· · · · · - · ·	
0000	( I C SECOLE		[	B4	City		FL	85	Zip Code
44.5	10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1 and CO7 1500 Florida Cont 4	loo the sha		mod cores	ation submits this statement for the pur	nose of char	L	registered office
SIGNATURE					ration's board	of directors. Thereby accept the appr	DATE	egistere	ed ageni, ram
	Ignature, typed or printed name of registered ago:	ID DIRECTORS	13.	cjeri s	agrestore reducedo	ADDITIONS/CHANGES TO OFF		DIRECT	OBS IN 12
12.	n OFFICERS A	DELETE	1170	1 F		PERMITTING OF TAXABLE TO OF T		Change	
NAME	FINNEGAN, JANET Y	LJ	1.2 NAM						_
STREET ADDRESS	530 KEY ROAD				ADDRESS				
CITY-S1-ZIP	TITUSVILLE FL 32780		1.4 CIT						
TOTLE	P	DELETE	2. 1 TH					Chang	Addition
NAME	FINNEGAN, JANET Y		2 2 NA	ME	ļ				
STREET ADDRESS	530 KEY ROAD		23STF	REET AL	ADDRESS				
CITY-ST-ZIP	TITUSVILLE FL		2 4 C/T	Y-\$1.	- ZIP				
TITLE	VP	☐ DELETE	3. 1 TIT	LE				<b>C</b> hang	e 🔲 Addition
NAME	JORDACHE, RONALD		3.2 NA	ME					
STREET ADDRESS	530 KEY ROAD		3 3. ST	REET A	ADDRESS				
CITY-S1-ZIP	TITUSVILLE FL		3.4 CIT	Y-ST-	- ZiP				
TITLE		☐ DELETE	4, 1 117					] Chang	e 🔲 Addition
NAME			4.2 NAI	ME					
STREET ADDRESS			4.3 STF	REET A	ADDRESS				
CITY-ST-ZIP			4.4 CIT		- ZIP			1 Char	A [T] Addition
THTLE		☐ DELETE	5. 1 Tr1				L.	] Chang	e [] Addition
NAME			5 2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		FIBRICE	5.4 CIT		-7IP			) Chang	e Addition
TITLE		☐ DELETE	6 1 111				L	l count	c [] vacation
NAME			62 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6 4 CIT	Y - ST-		or the exemption stated in Pastion 110	07(2)(k) Eloc	ido Cto	tutoe I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 fursities 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 altachment with an address.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-639-9222 Daytime Phone #