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

DQ4000042756 (2)

DOCUMENT # P9400043756 (3) 1. Corporation Name SUNSHINE TRANSPORTATION, INC.							
Principal Place of Business Mailing Address						Brill adill alabo fiki	10001 01110 81A1 1001
5150 126TH AVE. N. CLEARWATER FL 34620 CLEARWATER FL 34620			620				
**************************************					3. Date Incorporated or Qualified 06/10/1994	3a. Date of Las 05/01/	
2. Principal Pla	rincipal Place of Business 2a. Mailing Address				4. FEI Number		Applied For
Suite, Apt. #	t etc	26			59-3248287	***	Not Applicable
22	[27]				5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	□ \$5	5.00 May Be
Zip 24	Country Zip			Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9. Name and Address of Cu	urrent Registered Agent		,	10. Name and Address of New R	egistered Agent	
			81	Name			
GORBY, ROBERT J 5071 FOXBRIDGE CIRCLE N.			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)	
# 265	JABRIDGE CIRCLE N.		83				
	VATER FL 34620						
				City		FI 85	Zip Code
familiar with	ed agent, or both, in the State of h, and accept the obligations of, Stgrature, typed or printed name of registered	Fiorida Such change was authoring Section 607.0505, Florida Statute	ized by the corp is. OTE: Registered Agent	ioration's boa	ration submits this statement for the purport of directors. Thereby accept the appointment of the purport of directors. Thereby accept the appointmentation of the ADDITIONS/CHANGES TO OFFICE	intment as registe	ered agent. I am
TITLE	D DELETE		1. 1 TITLE		ADDITIONS/GRANGES TO OFFIC	Chan	· · · · · · · · · · · · · · · · · · ·
NAME	GORBY, ROBERT J		1.2 NAME			<u> </u>	go C / Nacion
STREET ADDRESS	5150 126TH AVE. N.		1 3 STREET ADDRESS				
CITY+ST+ZIP	CLEARWATER FL 34620		1.4 C(1Y - S	ST - 71P			
TOLE			LETE 2. 1 TITLE			☐ Chan	ge 🔲 Addition
NAME			2.2 NAME	Ì			
STREET ADDRESS			23 STREET				
CITY-S1-ZIF TITLE			2.4 CITY - 5 3.1 TITLE	31 - ZIP			es 🗀 Addition
NAME			3 2 NAME			🔲 Chan	ge 🗌 Addition
STREET ADDRESS			33 STREE	r Annbess			
CITY - ST - ZIP			3.4 CITY - 5				
THUE		☐ DELETE	4 1 TITLE			☐ Chan	ge Addition
NAME			4.2 NAME				_
STHEET ADDRESS			4.3 STREFT	ADDRESS			
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NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY-ST-ZIP			5 4 Cily - S	T · ZIF			
TITLE		DELETE	6. 1 TITLE			☐ Chan	ge 🔲 Addition
NAME STORES ADDRESS			6.2 NAME	ADDC4.CC			
STREET ADDRESS			6.3 STREET	į			
CITY - ST - ZIF			6 4 CITY - S	1-20°			

14. Ido 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 oals; 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 12 if charged, or an an advance with an address.

SIGNATURE:

Robert J. Goilby

Dafe 813-480-73-20