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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90010 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045270

1. Corporation Name
SUNSHINE GROWERS' SUPPLY, INC.



Principal Place of Business
4760 TAYLOR ROAD
F
PUNTA GORDA FL 33950
US

Mailing Address
895 CORONADO DR
PUNTA GORDA FL 33950
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1994

4. FEI Number

65-0496000

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30 USA

9. Name and Address of Current Registered Agent

HALL, THOMAS P
3443D TAMiami TRAIL
PORT CHARLOTTE FL 34952

10. Name and Address of New Registered Agent

81 Name Hope G. Lumis

82 Street Address (P.O. Box Number is Not Acceptable)

4760 TAYLOR RD

83

84 City PUNTA GORDA

FL

85 Zip Code 33950

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:

Hope G. Lumis

Hope G. Lumis, Pres.

1/30/99

Signature, typed or printed name of registered agent, no title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LUMIS, GEORGE D
STREET ADDRESS 895 CORONADO DRIVE
CITY-ST-ZIP PUNTA GORDA FL

☐ DELETE

TITLE P
NAME LUMIS, HOPE G
STREET ADDRESS 895 CORONADO DRIVE
CITY-ST-ZIP PUNTA GORDA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

George D Lumis
7540 VIBURNUM
PUNTA GORDA, FL 33955

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

Hope G Lumis
7540 VIBURNUM
PUNTA GORDA, FL 33955

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 a holder like empowered.

SIGNATURE: Hope G. Lumis Hope G. Lumis, Pres 4/11/99 (941) 637-9999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (11/98)