**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

PROFIT CORPORATION ANNUAL REPORT

**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 OCT 31 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000056992 (8)

1. Corporation Name
**SUNBELT SALES, INC.**

REINSTATEMENT 97

| Principal Place of Business | Mailing Address |
|---|---|
| ~~5105 PHILLIPS HWY~~<br>~~401~~<br>~~JACKSONVILLE FL 32207~~<br>~~US~~ | 5105 PHILLIPS HWY<br>401<br>JACKSONVILLE FL 32207-7977<br>US |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1863 BLUE HERON LA. | 26 1863 BLUE HERON LA. |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 JAX. BEACH, FL. | City & State<br>28 JAX. BEACH, FL. |
| Zip / Country<br>24 32250 / 25 USA | Zip / Country<br>29 32250 / 30 USA |

3. Date Incorporated or Qualified: 08/01/1994
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3262187 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

~~HATCHER, MELANIE~~
~~6110-5 POWERS AVENUE~~
~~JACKSONVILLE FL 32217~~

**10. Name and Address of New Registered Agent**

81 Name: JOHN C. ELLIOTT
82 Street Address (P.O. Box Number is Not Acceptable): 1863 BLUE HERON LANE
83
84 City: JAX. BEACH, FL 85 Zip Code: 32250

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: John C. Elliott (Signature of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 10-17-97

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | PRESIDENT | ☑ Change ☐ Addition |
| NAME | JOHN C. ELLIOTT | | 1.2 NAME | JOHN C. ELLIOTT | |
| STREET ADDRESS | 8220 SEVEN MILE DRIVE | | 1.3 STREET ADDRESS | 1863 BLUE HERON LA. | |
| CITY-ST-ZIP | PONTE VEDRA BCH. FL | | 1.4 CITY-ST-ZIP | JAX. BEACH, FL. 32250 | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 NAME | 100002336821---3 | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | -11/03/97--01143--020 | |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP | ****550.00 ****550.00 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | 100002336821---3 | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | -11/03/97--01143--021 | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | ****200.00 ****200.00 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

14. I do 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.

SIGNATURE: John C. Elliott 10-17-97 904-247-3131

CR2E034 (9/96)