

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000057693 (1)

1. Corporation Name

SUNSHINE STATE SPECIALTIES, INC.



Principal Place of Business

13630 58TH ST N
SUITE 106
CLEARWATER FL 34620

Mailing Address

13630 58TH ST N
SUITE 106
CLEARWATER FL 34620

3. Date Incorporated or Qualified
08/04/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21. 8343 Wrensway Pass
Suite, Apt. #, etc.

22.

City & State

23. Largo FL

24. Zip 34643

25. Country USA

2a. Mailing Address

26. P.O. Box 10096
Suite, Apt. #, etc.

27.

City & State

28. Largo FL

29. Zip 34643

30. Country USA

4. FEI Number
59-3261655

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

FULTON, DEBORAH L
13630 58TH ST N
SUITE 106
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

81. Name Deborah L Fulton

82. Street Address (P.O. Box Number is Not Acceptable)
8343 Wrensway Pass

83.

84. City Largo

FL 85. Zip Code 34643

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 *Deborah L Fulton* Deborah L Fulton

4/30/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME FULTON, DEBORAH L
STREET ADDRESS 13630 58TH ST N SUITE 106
CITY-ST-ZIP CLEARWATER FL 34620

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME FULTON, DEBORAH L
1.3 STREET ADDRESS 8343 Wrensway Pass
1.4 CITY-ST-ZIP Largo FL 34643

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

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

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

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

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

14. 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 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:

Deborah L Fulton Deborah L Fulton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

(813) 530-0517
Daytime Phone #

CR2E034 (12/95)