

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084079 (0)

1. Corporation Name

SUNSHINE STATE DUCT SERVICE, INC.

Principal Office of Business

4147 SO. PINE ISLAND ROAD
DAVIE FL 33328

Mailing Address

4147 SO. PINE ISLAND ROAD
DAVIE FL 33328

(PRINT OR WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

11/14/1994

3a. Date of Last Report

4. FFI Number

605-0535143

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 enterprise tax under FS 197.032
Florida Statute ☐ Yes ☒ No

2. Principal Office of Business

21

2a. Mailing Address

26

State Apt. # etc.

22

State Apt. # etc.

27

City & State

23

City & State

28

Country

24

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

BROOKS, JAMES
4147 SO. PINE ISLAND ROAD
DAVIE FL 33328

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Applicable)

B3

B4 City

FL

B5 Zip Code

11. The agent, principal officer, and director of this corporation, and the corporation itself, hereby certify that the information furnished on this report is true and correct to the best of their knowledge and belief, and that they are aware of the penalties for furnishing false information and for making any false statement in connection with this report.

Signature

12. OFFICER OR AGENT FOR SERVICE

PRESIDENT
JAMES G. BROOKS
4147 S. PINE ISLAND RD.
DAVIE, FL. 33328

13. ADDITIONAL CHANGES TO OFFICERS AND AGENTS FOR SERVICE

1. Name ☐ Change ☐ Address

2. Name ☐ Change ☐ Address

3. Name ☐ Change ☐ Address

4. Name ☐ Change ☐ Address

5. Name ☐ Change ☐ Address

6. Name ☐ Change ☐ Address

7. Name ☐ Change ☐ Address

8. Name ☐ Change ☐ Address

9. Name ☐ Change ☐ Address

10. Name ☐ Change ☐ Address

11. Name ☐ Change ☐ Address

12. Name ☐ Change ☐ Address

13. Name ☐ Change ☐ Address

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26. Name ☐ Change ☐ Address

27. Name ☐ Change ☐ Address

28. Name ☐ Change ☐ Address

29. Name ☐ Change ☐ Address

30. Name ☐ Change ☐ Address

14. I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am aware of the penalties for furnishing false information and for making any false statement in connection with this report.

SIGNATURE:

JAMES G. BROOKS

President 4-12-95 (205) 473-4139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR