

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$229 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$378)

PROFIT CORPORATION ANNUAL REPORT 1995



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

ED
 AM 11:41
 DIVISION OF STATE
 RE Florida

DOCUMENT # P94000092645 (8)

1. Corporation Name

SUNSHINE PATIO & AWNING, INC.

Principal Place of Business

102 S.W. CAROLINE ST.
 MILTON FL 32570

Mailing Address

102 S.W. CAROLINE ST.
 MILTON FL 32570

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/23/1994

3a. Date of Last Report

2. Principal Place of Business

21 **6678 CAROLINE ST.**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 **Suite 1**

23 **MILTON, FL**

24 **32570**

25 **SANTA ROSA**

29

30

4. FEI Number

59-3296806

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

**WOLFE, LARRY
 200-A JOHN KNOX ROAD
 TALLAHASSEE FL 32303-6643**

10. Name and Address of New Registered Agent

B1 Name

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

B3

B4 City

FL

B5 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
 NAME **MILLER, MICHAEL B**
 STREET ADDRESS **415 MADISON DR.**
 CITY - ST - ZIP **MT. HOLLY NC 28120**

1 TITLE **President** Change Addition
 12 NAME **Miller, Michael B.**
 13 STREET ADDRESS **P.O. Box 4061**
 14 CITY - ST - ZIP **MILTON, FL 32570**

TITLE **D**
 NAME **SHEPARD, ALLEN J**
 STREET ADDRESS **4051 EAST OLIVER RD.**
 CITY - ST - ZIP **PENSACOLA FL 32514**

21 TITLE **Vice President** Change Addition
 22 NAME
 23 STREET ADDRESS **4051 EAST OLIVE RD.**
 24 CITY - ST - ZIP **PENSACOLA, FL 32514**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

31 TITLE **2nd Vice President** Change Addition
 32 NAME **John A. Arnold**
 33 STREET ADDRESS **8134 GLENVIEW RD.**
 34 CITY - ST - ZIP **MILTON, FL. 32583**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 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: **Michael B. Miller**
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

10 July 95 Date **9049832858** Signature Number

CR2E034 (3/95)