## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000007980** 1. Corporation Name

Principal Place of Business

SUN STORAGE AND MANUFACTURING, INC.

1404 59TH AVE E SUITE 1. BRADENTON FL 34203		1404 59TH AVE E Suite:1. Bradenton Fl. 34203			DO NOT WRITE IN THIS SPACE			
ŪS US					3. Date Incorporated or Qualifed 01/31/1995			
2. Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For
11		26			65-0568182		Nc	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	)	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip	Zip 29	Country 30		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No				
<u> </u>	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New I	Registered	i Agent	
			81	Name				
SCHULTE, DANIEL 1404 59TH AVE E			82	82 Street Address (P.O. Box Number is Not Acceptable)				
SUIT	~		83					
BRAC	DENTON FL 34203		84	City		FI	85 Zip	Code
44 5	the area lainer of Continuo 607.05	02 and 607 1508 Florida Statute	e the abov	e-named cor	poration submits this statement for the	purpose o	of changing its	registered
office or re agent. I ar	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was at	utnorized by	the corporat	ion's board of directors. I hereby acce	pt the appo	ointment as re	egistered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Age	nt signature requir	ed when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	D	_ DELETE	1.1 TITLE		•		Change	☐ Addition
NAME	SCHULTE, DANIEL	•	1.2 NAME					
STREET ADDRESS	5705 44TH AVE E		1.3 STREE	T ADDRESS	Mark Art .			
CITY-ST-ZIP	BRADENTON FL 34203	•	1.4 CITY-5	ST-ZIP	·			
TITLE		☐ DELETE	2.1 TITLE		3 ,		☐ Change	Addition
NAME			22 NAME		•			-
STREET ADDRESS			2.3 STREE	T ADDRESS				
			2.4 CITY-					
CITY-ST-ZIP TITLE		□ DELETE	3.1 TITLE	37-211		-	☐ Change	☐ Addition
			3.2 NAME				_ ,	
NAME				TADDRESS				
STREET ADDRESS	İ				-	-		
CITY-ST-ZIP		☐ DELETE	3.4, CITY-	S1-ZIP		<del></del> -	Change	Addition
TITLE		∟ vere ic	4.1 TITLE					
NAME			4. 2 NAME	i				
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE	1				
NAME			5.2 NAME				•	
STREET ADDRESS	•			T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				☐ A 3 350
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY OT 710			6.4 CITY-1	ST-ZIP				

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 all other like empowered.

SIGNATURE:

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90011 011 \*\*\*150.00