

P450000/3592

TRANSMITTAL LETTER

FILED
95 FEB 16 AM 9:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SUNSHINE STATE INTERIORS, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

200001408542
-02/16/95--01120--009
*****78.75 *****78.75

FROM: KARMEN J. GONCALO
Name (printed or typed)

4501 - 13th WAY N.E.
Address

ST. PETERSBURG, FL 33703
City, State & Zip

813-571-1770
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

D. BROWN FEB 17 1995

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SUNSHINE STATE INTERIORS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

801 SANLANDO ROAD
ALTAMONTE SPRINGS, FL 32714

P.O. Box 160208
ALTAMONTE SPRINGS, FL 32716

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

25 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GEORGE LEISTER
627 ASHBERRY LANE
ALTAMOTNE SPRINGS, FL 32714

ARTICLE V INCORPORATOR(S)

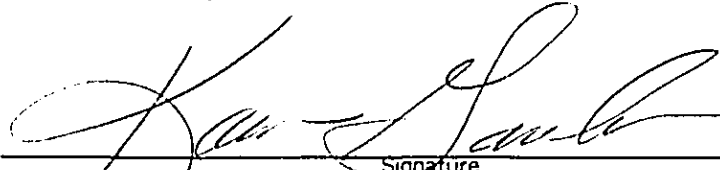
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

KARMEN GONCALO
4501-13th WAY N.E.
ST. PETERSBURG, FL 33703

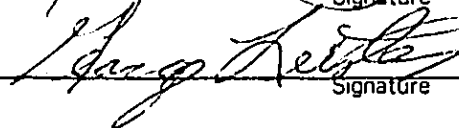
GEORGE LEISTER
627 ASHBERRY LANE
ALTAMONTE SPRINGS, FL 32714

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of JANUARY, 19 95.



Signature



Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SUNSHINE STATE INTERIORS, INC.

2. The name and address of the registered agent and office is:

GEORGE LEISTER

(Name)

627 ASHBERRY LANE


(P.O. Box not acceptable)

ALTAMONTE SPRINGS, FL 32714

(City/State/Zip)

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

2/3/95

(Date)

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MONTGOMERY
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Corporation Name

SUNSHINE STATE INTERIORS, INC.

P45006013592

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3a. Date of Last Report	
21 801 SANLANDO ROAD		2-16-95	
Suite, Apt. #, etc.		3. FEI Number	
22		59-3296642	
City & State		5. Certificate of Status Desired	
23 ALTAMONTE SPRINGS, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24 32714		6. Election Campaign Financing	
25 SEMINOLE		Trust Fund Contribution	
26 32716		<input type="checkbox"/> \$5.00 May Be Added to Fees	
27 SEMINOLE		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
28		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GEORGE LEISTER 627 ASHBERRY LANE ALTAMONTE SPRINGS, FL 32714		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		FL	
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 true signature

NOTE: Registered Agent signature required when re-registering

DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARMEN GONCALO	1.2 NAME	
STREET ADDRESS	4501-13th WAY NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE LEISTER	2.2 NAME	
STREET ADDRESS	801 SANLANDO ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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***200.00 ***200.00

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 precursor or for-profit entity required to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KARMEN J. GONCALO, PRESIDENT

PRESIDENT

4/27/95 83-571-170
Date Date