FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000013592

1. Corporate Name

SUNSHINE STATE INTERIORS, INC.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
2-16-95	n/a

2. Principal Place of Business	2a. Mailing Address
21 801 SANLANDO ROAD	26 P.O. BOX 160208
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ALTAMONTE SPRINGS, FL	28 City & State: ALTAMONTE SPRINGS, FL
24 Zip: 32714 25 Country: SEMINOLE	29 Zip: 32716 30 Country: SEMINOLE

4. FEI Number: 59-3296642 ☐ 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 [illegible] as applicable by s. 193.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GEORGE LEISTER
627 ASHBERRY LANE
ALTAMONTE SPRINGS, FL 32714

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 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 [illegible] (Typed or printed name of registered agent and title if applicable) (New Registered Agent's signature required for electronic filing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	KARMEN GONCALO	12 NAME	
STREET ADDRESS	4501-13th WAY NE	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33703	14 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	GEORGE LEISTER	22 NAME	600001481586
STREET ADDRESS	801 SANLANDO ROAD	23 STREET ADDRESS	-05/09/95--01125--019
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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)(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 above, or on an attachment with an address.

SIGNATURE: PRESIDENT 4/27/95 813-571-4779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KARMEN J. GONCALO, [illegible]