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

Mailing Address

ODESSA FL 33556

611 WEST AZEELE STREET

PO BOX 563

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business

5122 EAST FOWLER AVENUE

611 WEST AZEELE STREET

TAMPA FL 33617



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026017 (0)

SUNSHINE WATER COMPANY

3. Date Incorporated or Qualified 03/31/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3309273 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & Stato 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zio Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, H. STRATTON III **611 WEST AZEELE STREET** 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33606 83 84 City 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 present name of registered agent and title if appointable (NOTE: Registered Agent signature required when reinstating) 12. OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE WEINSTOCK, PAUL 1.2 NAME NAME 5122 EAST FOWLER AVENUE STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CHY - S1 - ZIP DELETE Change ☐ Addition TITLE 2.1 TO LE NAME 2.2 NAM1 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST- ZIP DELETE Change Addition 3.1 TULE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TILLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-S1-ZiP DELETE TITLE 51 THEF Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-7IP DELETE 9000024835d9*** -04/03/33--01003--007 TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***600.80 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with the filing does not qualify for the exemption stated in Section 119.07(3)(i), I forida Statutes. I further certify that the information indicated on this annual report or supplemental agricular report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 chapter 607 or on an attainment with an address.

SIGNATURE

l Waster

41/78

FILED

Apr 08 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

813-920-4714

(10/97)

CR2E034