

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000060942

1. Corporation Name

"SUN BELT HOLDINGS OF TAMPA BAY, INC."

Principal Place of Business

5018 24TH AVENUE SOUTH
TAMPA FL 33619

Mailing Address

XXXXXX
XXXXXX
XXXXXX
US

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90061 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1995

4. FEI Number

59-3332476

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 2902 Spaniel Lane

Suite, Apt. #, etc.

27 City & State

28 Seffner, FL 33584

29 Zip Country

9. Name and Address of Current Registered Agent

TRONU, DONNA G

5018 24TH AVENUE SOUTH
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name (Address Change Only for R.A.)

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

2902 Spaniel Lane

83

84 City Seffner, Florida

FL

85 Zip Code

33584

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

TITLE D ☒ DELETE

NAME MATTHEWS, JOSEPH E. III

STREET ADDRESS 5018 24TH AVENUE SOUTH

CITY-ST-ZIP TAMPA FL 33619

TITLE D ☐ DELETE

NAME TRONU, ROBERT A JR

STREET ADDRESS 5018 24TH AVENUE SOUTH

CITY-ST-ZIP TAMPA FL 33619

TITLE D ☐ DELETE

NAME TRONU, DONNA G

STREET ADDRESS 5018 24TH AVENUE SOUTH

CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/99 (813) 681 8696

CR2E034 (11/98)