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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # P95000073126

SUNSHINE STATE ABSTRACT & TITLE INC.

Principal Place	of Business	Mailing Address	Address						4,2, 4		.,			
279 US 27 NOF	тн	279 US 27 NORTH	279 US 27 NORTH											
SEBRING FL 33	870	SEBRING FL 33870					DO NOT WRITE IN THIS SPACE							
						-	. Date inc					JI AOL		
						"	09/19/		u or Qua	·				j
2. Principal Pl	ace of Business	2a. Mailing Address				4	FEI Nun	nber					Applie	d For
26							59-3334348				Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.							Certifcat	e of Sta		ed 🗆		\$8.75		
27							· Certificat	e or sta	ius Desir			Fee	Requir	red
City & State City & State							6. Election Campaign Financing \$5.00							y Be
23		28					Trust Fu	nd Cont	ribution			Adde	d to F	ees
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible							
24	25 29 3						Personal Property Tax. ☐ Yes ☑ No 10. Name and Address of New Registered Agent							
	9. Name and Address of Curren	t Registered Agent		- I		10	. Name a	nd Add	ress of N	lew Regis	stered A	Agent		
HUM	ADD DICHADO D CD		ľ	81	Name									ļ
HOWARD, RICHARD R. SR.				82	Street /	Address (P.O. Box	Number	is Not Ac	cceptable)				
1732 US 27 N AVON PARK FL 33825														
AVUI	1 PARK FL 33023		ļ	83										
			1	84	City							85 Zi	p Cod	e
									· · · · · · · · · · · · · · · · · · ·		FL		***	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was aut	, the ab horized	ove- by ti	named one of the corporate of the corpor	corporation's t	on submits loard of di	i this sta rectors.	tement to I hereby	accept the	ose or o	cnanging itment as	regist	ered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statu	tes.	•									
SIGNATURE								<u> </u>			DATE			<u> </u>
12.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	13.	Agent :	signature re	required when		VS/CHA	NGES TO	O OFFICE		D DIREC	TORS	IN 12
TITLE	SD OFFICERS AN	DELETE	1.1 TITL	F		P/D		10.0101				XI Chang		Addition
				NAME JOHNSON, PATRIC					CIA	J.				_
NAME				STREET ADDRESS 279 US 27 North										
STREET ADDRESS	A			4CITY-ST-ZIP Sebring, FL 33870										
CITY-ST-ZIP				TITLE S/T/D					3307			X Chang	ne ſ	Addition
TITLÉ	··						ARD, RICHARD R., SR.							
NAME	HOWARD, RICHARD R.							7 North, Ste. A						
STREET ADDRESS			•				Park,			25	<u>_</u>			
CITY-ST-ZIP	AVUN PARK FL 33625	☐ DELETE	2. 4 CIT 3.1 TITL		- ZIP	AVUII	rark,	<u> </u>				Chang	ne ſ	Addition
TITLE			3.2 NAA										,- ,	
NAME					ADDRESS									
STREET ADDRESS														
CITY-ST-ZIP		☐ DELETE	3.4. CIT 4.1 TITL		-ZIP	 						Chang	ne l	Addition
TITLE		(2) 5555.12	4. 2 NA											- 1
NAME			l .		ADDRESS									l
STREET ADDRESS			i i							_				
CITY-ST-ZIP		□ DELETE	4.4 CIT 5.1 TITL		· ZIP	 		 ,				Chang	ne í	Addition
TITLE		□ becele	5.2 NAM							•			,- 1	
NAME	-				ADORESS								•	
STREET ADDRESS			5.4 CIT											
CITY-ST-ZIP		☐ DELETE	6.1 TM			 						☐ Chang	ge l	Addition
DILE														

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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE: \

TITLE NAME

STREET ADDRESS

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90121 037 ***150.00