PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600001774

1. Corporation Name

SONSHINE PETS, INC.	
Principal Place of Business	Mailing Address
4354 GULF BREEZE PKWY GULF BREEZE FL 32561 US	4354 GULF BREEZE PKWY GULF BREEZE FL 32561 US

FILED May 06, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address					#1 p ? 11 #11	imair emi	T11 BIĞ1 (88)
4354 GULF BRE	EZE PKWY	4354 GULF BREEZE PKWY							
GULF BREEZE FL 32561 GULF BREEZE FL 32561						· <u> </u>			
บร		US				DO NOT WRITE IN THIS	SPACE	<u>:</u>	 -
!						3. Date Incorporated or Qualifed 01/02/1996			
2. Principal P.	lace of Business	2a. Mailing Address				4. FEI Number	L	App	lied For
21		26				59-3353318		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_			5. Certifcate of Status Desired		75 Ac ee Req	dditional quired
City & Stat	e	City & State				6. Election Campaign Financing	\$5	.00 n	May Be
23		28				Trust Fund Contribution	Ad	ded to	Fees
Zip	Zip Country Zip Co			Country 8. This corporation owes the curren			angible		
24	25	29	30			Personal Property Tax.	Yes		X No
	9. Name and Address of Curre					10. Name and Address of New Registered	Agent		
			81	N	ame				
1	Combe, Frederick J. Gulf Breeze PKWY		82	St	reet Addres	es (P.O. Box Number is Not Acceptable)			
	F BREEZE FL 32561		83	+		<u> </u>			
["	Ί					
			84	-	•	FL	. }	Zip C	
l office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was au	thorized by	the:	med corpor corporation	ation submits this statement for the purpose of 's board of directors. I hereby accept the appoint	changin ntment a	ig its n as reg	egistered istered
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:	Registered Age	nt sign	ature required v	when reinstating) DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD	☐ DELETE	1.1 TITLE		l		Che	ruđe	Addition
NAME	NEWCOMBE, FREDERICK J		1.2 NAME						
STREET ADDRESS	551 SO. 1ST STREET		1.3 STREET		RESS				ŀ
CITY-ST-ZIP	PENSACOLA FL 32507		1.4 CITY-5	ST-ZIP					
TITLE	STD	☐ DELETE	2.1 TITLE				Cha	ange	Addition
NAME	NEWCOMBE, BRENDA K		2.2 NAME]				
STREET ADDRESS	551 SO. 1ST STREET		2.3 STREE	TADD	RESS				ì
CITY-ST-ZIP	DENDADOLA EL GOEDA		2. 4 CITY-						
TITLE			3.1 TITLE	<u> </u>			[_] Cha	ange	Addition
NAME		-	3.2 NAME		ļ				
i			3.3 STREE		RESS		-		
STREET ADDRESS			3.4. CITY-						
CITY-ST-ZIP		DELETE	4.1 TITLE	41-CI	-		Cha	ange	Addition
NAME			4. 2 NAME		ĺ		_	-	
1			4.3 STREE		DECC				
STREET ADDRESS					NCSS				
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE				☐ Cha	ange	Addition
TITLE		C) percit	5.1 HILE				سات ر		
NAME			5.3 STREE		DECC				
STREET ADDRESS									
CITY-ST-ZIP		[] DELETE	5.4 CITY-5	51-ZIP			☐ Cha		Addition
TITLE		[] DELETE	1		}			= 19¢	C1 Vacation
NAME			6.2 NAME		0500				
STREET ADDRESS			6.3 STREE		l l				İ
L OUTLY OF THE	İ		6.4 CITY-5	si-ZIP	1				J

14. I hereby certify that the information supplied with this filling 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 comporation/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, of on an attachment with an address, with all other like empowered.

SIGNATURE: (