3-4-97 B-2594 C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 04 1997 8:00am Secretary of State

1997 DOCUMENT # DOCOCOO 10140 (0

	MENT # P960(on Name SUNSHINE FREIGHT, IN				
Principal Place of Business 7400 NW 55 AVE. OCALA FL 34482		Mailing Address 7400 NW 55 AVE. OCALA FL 34482-2279			
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1996	
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number Applied For Not Applicable	
Suite Apt.	. # etc	Suite, Apt. #, etc.		Cartificate of Status Desired \$8.75 Additional	
City & Sta	lo	City & State		6. Election Campaign Financing \$5.00 May Be	
3		28		Trust Fund Contribution Added to Fees	
Ζφ J	Country	Zip	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
4	25 9. Name and Address of Cu	29 rrent Registered Agent	[30]	10, Name and Address of New Registered Agent	
	ONEY, JAMES F		81 Name	- Linear State of the Control of the	
7400 NW 55 AVE. OCALA FL 34482			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
, 00	ALA FL 34402		83		
•			84 City	85 Zip Code	
· · · · · · · · · · · · · · · · · · ·				Poration submits this statement for the purpose of changing its registerer	
SIGNATURE	Skiparum typed or prohat rame of registers		E: Registered Agent signature requ	ation's board of directors. I hereby accept the appointment as registered when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition	
THEF NAME	James F. Moon		11 TITLE 1.2 NAME	Creange Adolite	
STREET AUDRESS	7400 NW 55th	Avenue	1.3 STREET ADDRESS		
CHY-S1-ZIP	Ocala, Fl. 34		1.4 CITY - ST - ZIP		
title Name	D Debant Days	DELETE	2.1 TITLE 2.2 NAME	Change Additio	
nosni: Street addréss	Robert Bruce 7400 NW 55th	Avenue	2.3 STREET ADDRESS		
01 y - \$1 - 71P	Ocala, Fl. 34	482	2. 4 CITY-ST-ZIP		
li ¹ LF		LI DELETE	3.1 TITLE 3.2 NAME	Change	
name Street adoress			3.2 NAME 3.3 STREET ADDRESS		
CHY-SI-ZP			3 4. CITY - ST - ZIP		
TOLE		DELETE	4.1 TITLE	Change Addition	
NAME Street address			4 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS. CHTY-ST-ZIP			4.4 CITY-ST-ZIP		
THEF		DELETE	5.1 TITLE	☐ Change ☐ Addition	
MaWE			5.2 NAME		
STREET ADDRESS. Cav. St. 219			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CHY-ST ZIP TITLE		DELETE	61 TITLE	☐ Change ☐ Addition	
N4ME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - SY - ZIP	La contract the state of the st	wiled with this files does not another	6.4 CITY - ST - ZIP	ed in Section 119.07(3)(i). Florida Statutes. I further certify that the	

14. I do 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.

SIGNATURE:

JAMES F. MOONEY
SIGNATURE AND TYPED ON PRINTED NAME OF

Mining of Ficer or Director

2-11-91 352-4 Date Daylime P

352-611-2181 Dayime Phone #