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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000019149 (9)

THORO	Sunshine Freight, in	C.						
Principal Plac	o of Business	Mailing Address					EPIEI IIDIA IBIDI HORI	
7400 NW 55 AVE. 7400 NW 55 AVE. OCALA FL 34482 OCALA FL 34482						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	77710 017102	
						03/01/1996		
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number	···	Applied For
21		26				65-0644903		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1				Additional Required	
City & State City & State						6. Election Campaign Financing	\$5.0	O May Be
23	<u></u>	28			Trust Fund Contribution	☐ Adde	d to Fees	
Zip	<u> </u>		Cou	ntry		8. This corporation owes or has paid the current year Intangible		
24	25	29	30			Personal Property Tax due June 30. X Yes No		∐ No
 	9. Name and Address of Cur	rent Registered Agent		81		10. Name and Address of New Reg	istered Agent	
	ONEY, JAMES F			ויי	Name			
7400 NW 55 AVE. OCALA FL 34482				82	Street Addr	ess (P.O. Box Number is Not Acceptable	9)	
			Ī	B 3				
			1	84	City		FL 85 Zi	p Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes the above						voration submits this statement for the pull		its registered
office or r	egistered agent, or both, in the Stam familiar with, and accept the ob	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	authorized orida Stati	by les	the corporati	oration submits this statement for the pulion's board of directors. I hereby accept	the appointment	as registered
SIGNATURE	***						DATE	
12.	Signature, typed or printed name of registered	agent and little if applicable. (NOTI	13.	Agen	it signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE		205 IN 12
TITLE	P	DELETE 1.17		LF		ADDITIONS/OFFAIGES TO OFFICE	Change	
NAME	MOONEY, JAMES F	_	1.2 NAME					
STREET ADDRESS				1.3 STREET ADDRESS				
CITY-ST-ZIP	OCALA FL 34482		1.4 City-					
TITLE	D	DELETE	2.1 TIT				Change	Addition
NAME	BRUCE, ROBERT	_	2.2 NAME					_
STREET ADDRESS	1				ADDRESS			
CITY-ST-ZIP	OCALA FL 34482				T - ZIP			i
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STI	EET A	ADDRESS			!
CITY-ST-ZIP			3.4. Cf					ŀ
TITLE		☐ DELETE	4.1 TITLE				☐ Chang	Addition
NAME			4. 2 NAME					ļ
STREET ADDRESS			4.3 STREET		ADDRESS	•		
CITY-ST-ZIP			4.4 CITY-S					
TITLE		DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STF	REET A	ADDRESS			1
CITY-ST-ZIP			5.4 CIT					
TITLE		DELETE	61 TIT	_		······································	Change	Addition
NAME			6.2 NA					

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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Dones 7 mooney

Money James F. Mooney

4-10-98

FILED

Apr 16 1998 8:00am

Secretary of State