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

P96000079310 (4) DOCUMENT #

SUNRAY SALES, INC.

Principal Place of Business Mailing Address

FILED Jan 15 1998 8:00am Secretary of State



5408 STRUTHERS ROAD 5408 STRUTHERS ROAD WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3399186 Not Applicable 21 Suite, Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Added to Fees 23 Trust Fund Contribution Country Zip Zin Country 8. This corporation owes or has paid the current year Intangible Yes □ No 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUGHART, BRUCE E 5408 STRUTHERS ROAD Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33884 83 84 Zip Code City 85 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1.1 TOTLE TITLE HUGHART, BRUCE E NAME 1.2 NAME STREET ADDRESS 5408 STRUTHERS ROAD 1.3 STREET ADDRESS WINTER HAVEN FL 33884 1,4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 5.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

SIGNATURE:

40-98)