

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000083484 (1)**

1. Corporation Name

THE SUNSHINE LINE, INC.

Principal Place of Business

**3885 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952**

Mailing Address

**3885 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1996

3a. Date of Last Report

4. FEI Number

59-3416707

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 3580 Aloma Ave

Suite, Apt. #, etc.

22 Suite 4

City & State

23 Winter Park, FL

Zip

24 32792

Country

25 Orange

2a. Mailing Address

26 3580 Aloma Ave

Suite, Apt. #, etc.

27 Suite 4

City & State

28 Winter Park, FL

Zip

29 32792

Country

30 Orange

9. Name and Address of Current Registered Agent

**BEHRHORST, JAMES C
3885 SOUTH TROPICAL TRAIL
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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

James C. Behrhorst (Pres) James C. Behrhorst

7/21/97

(Signature, typed or printed name of registered agent and firm if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BEHRHORST, JAMES C**
STREET ADDRESS **3885 SOUTH TROPICAL TRAIL**
CITY - ST - ZIP **MERRITT ISLAND FL 32952**

TITLE **D** ☐ DELETE

NAME **BEHRHORST, LEE D**
STREET ADDRESS **3115 WASHINGTON PIKE**
CITY - ST - ZIP **BRIDGEVILLE PA 15017**

TITLE **D** ☐ DELETE

NAME **CRAWFORD, JIM**
STREET ADDRESS **3115 WASHINGTON PIKE**
CITY - ST - ZIP **BRIDGEVILLE PA 15017**

TITLE **D** ☐ DELETE

NAME **KELLANDER, FRANK**
STREET ADDRESS **3115 WASHINGTON PIKE**
CITY - ST - ZIP **BRIDGEVILLE PA 15017**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 C. Behrhorst (Pres)

7/21/97

407-673-9440

CR2E034 (4/97)