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

PROFIT CCRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90010 032 \*\*\*150.00

## 

1. Corporation Name	P96000091710	
SUN HOG, INC.		

Principal Place of Business Mailing Address 6802 FIREBIFD DRIVE 6802 FIREBIRD DRIVE ORLANDO FL 32810 ORLANDO FL 32810 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/05/1996 2a. Mailing Address 4. FEI Number App led For 2. Principal Place of Business 59-3409790 Not Applicable 21 \$8.75 Ac ditional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & S ate 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation owes the current year Intangible Country Zip Country Ζiρ []No Personal Property Tax. ☐ Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BEGLEY, WESLEY Street Acdress (P.O. Box Number is Not Acceptable) 82 6802 FIREBIRD DRIVE ORLANDO FL 32810 83 Zip Code 84 85 City 11. Pursuant to the provisions of Scictions 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.										
SIGNATUFE	Signature, typed or printed na ne of registered agent and title if applicable.	(NOT E: Registered Agent signature req	ired when reinstating)	<del></del>	DATE					
12.	OFFICERS ANI) DIRECTORS	13.		NS/CHANGES TO OF	FICERS AND DIRE	СТОГ	IS IN 12			
TITLE	P DELE	ETE 1.1 TITLE	=		☐ Ch	ange	Addition			
NAME	BEGLEY, WESLEY	1.2 NAME								
STREET ADDRESS	6802 FIREBIRD DR	1.3 STREET ADDRESS								
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP								
TITLE	☐ DELI	ETE 2.1 TITLE			Ch.	ange	☐ Addition			
NAME		2.2 NAME					·			
STREET ADDRESS		2.3 STREET ADDRESS					ı			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP								
TITLE	☐ D£Li	ETE 3.1 TITLE			☐ Ch	ange	☐ Addition			
NAME		3.2 NAME								
STREET ADDRI SS		3.3 STREET ADDRESS								
CITY-ST-ZIP		3.4. CITY-ST-ZIP								
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NAME		4. 2 NAME								
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STREET ADDRESS		5.3 STREET ADDRESS								
CITY-ST-ZIP		5.4 CITY-ST-ZIP								
TITLE	☐ DELI				☐ Ch	ange	Addition 1			
NAME		62 NAME								
STREET ADDR ISS		6.3 STREET ADDRESS								
CITY-ST-ZIP		6.4 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 indical ed on this annual report or supplemental annual report is true and accurate and that my signal ure 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 change I, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEGINA

SIGNA URE AND TYPED OR PHINTED

MES BEG/EY

4-19-59

407-297-7829

Daytime Phone #

CR2E034 (11/98)