## 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 # P96000095065 (4)

SUNSHINE DELIVERY, INC.

Principal Place of Business

Mailing Address

**FILED** 

May 11 1998 8:00am

Secretary of State

11208 MCMUL RIVERVIEW FL		PO BOX 2924 RIVERVIEW FL 33568 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  11/14/1996
- 10°	lace of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt.	30 Riveruew Dr.			<b>59-3409539</b> Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	view FL	City & State	)	8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
Zip 24 <b>83</b> S	Country Country U.S.A	Ζιρ <b>[29</b> ]	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No
	g, Name and Address of Current F			10. Name and Address of New Registered Agent
HUBER, CHARLES E 81 Name Links Charles E				
11208 MCMULLEN LOOP RIVERVIEW FL 33568				Address (P.O. Box Number is Not Acceptable) 230 Riverview Drive
			83	
			84 City	iverview FL 85 Zip Code 333568
11. Pursuant to	to the provisions of Sections 607, 302 ogistered agent or Junior III State of	607.1508, Florida Statut	es, the above-named authorized by the co	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
	m tamiliar with, and another trooping a	ns Section 60 .0505	<i>,</i> ,	F 4.har 4/20/00
SIGNATURE Signature of princed nation of registered agent and tate if applicable (NOTE Registered Agent signature required when reinstating)  DATE				
12.	OFFICERS AND I	7737 43 44 44 44 4	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP .	☐ DELETE	1.1 TITLE	Charles E Huber  11230 Riverview Drive  Riverview, Fl 33568
NAME	HUBER, CHARLES E		1.2 NAME	Charles a ricourt Drive
STREET ADDRESS	11208 MCMULLEN LOOP		1.3 STREET ADDRESS	11230 KIVEFOIEW
CITY-ST-ZIP	RIVERVIEW FL 33568	Distre	1.4 CITY-S1-ZIP	Riverview, Pl 33068
TITLE NAME		☐ DELETE	2.1 TITLE	L_I Change   Addition
1			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	2 4 CITY - ST - ZIP 3 1 TITLE	Change   Addition
NAME				Change
STREET ADDRESS			3 2 NAME	
CITY-ST-ZIP			3.3 STREET ADDRESS	
TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	C cuande C Wontholi
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP				
TITLE		DELETE	4.4 CITY-S1-ZIP 5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - S1 - ZIP	
14. I hereby co	ertify that the information supplied with	this filing cloes not qualify fo	or the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or of Block 12 of	on this ambuar report of supplemental ar- firector of the corporation of the recover or Block 13 if changed or of an alfactor	onuartypert is true and acc not justee impowered to a top: with apartitiess	urate and that my sig execute this report as	ded in Section 119.07(3)(i), Florida Statutes. I further certify that the information gnature shall have the same legal effect as if made under oath; that I am an srequired by Chapter 607, Fjorida Statutes; and that my name appears in