

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 07, 1999 8:00 am  
Secretary of State

04-07-1999 90002 020 \*\*\*150.00

DOCUMENT # P96000096061

1. Corporation Name  
SALTY SUN INC.

Principal Place of Business  
4349 S. ATLANTIC AVE  
PONCE INLET FL 32127

Mailing Address  
4349 S. ATLANTIC AVE  
PONCE INLET FL 32127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1996

4. FEI Number

59-3414928

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 600 OAK ST

Suite, Apt. #, etc.

22 BLDG 3F

City & State

23 PORT ORANGE FL

Zip

24 32127

Country/

25 USA

2a. Mailing Address

26 600 OAK ST.

Suite, Apt. #, etc.

27 BLDG 3F

City & State

28 PORT ORANGE FL

Zip

29 32127

Country

30 USA

9. Name and Address of Current Registered Agent

FULFORD, FLOYD L  
4349 S. ATLANTIC AVE  
PONCE INLET FL 32127

10. Name and Address of New Registered Agent

81 Name

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

176 GODFREY RD

83

84 City

EDGEWATER

FL

85 Zip Code

32141

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

Signature, typed or printed name of registered agent and title if applicable.

FLOYD L. FULFORD PRESIDENT

DATE

1/4/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FULFORD, FLOYD L  
STREET ADDRESS 4349 S. ATLANTIC AVE  
CITY-ST-ZIP PONCE INLET FL 32127

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

176 GODFREY RD

1.4 CITY-ST-ZIP

PORT ORANGE FL 32141

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/99

Daytime Phone #

904 760 0077

CR2E034 (1.1/98)

0025363