

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90139 042 ***150.00

DOCUMENT # P97000005328

1. Corporation Name
SUNSHINE SELECT, INC.

Principal Place of Business
2089 PINE RIDGE ROAD
NAPLES FL 34109

Mailing Address
2089 PINE RIDGE ROAD
NAPLES FL 34109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number

65-0721524

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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 5940 Shirley St

Suite, Apt. #, etc.

22 Naples Florida

City & State

23

Zip

34109

Country

25 USA

2a. Mailing Address

26 2316 Pine Ridge Rd

Suite, Apt. #, etc.

27 # 324

City & State

28 Naples Florida

Zip

29 34109-2006

Country

30

9. Name and Address of Current Registered Agent

STEPHENSON, JAMES R
2089 PINE RIDGE ROAD
NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name

JAMES R. STEPHENSON

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

2316 PINE RIDGE RD

83

324

84 City

Naples FL

FL

85 Zip Code

34109

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 and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME STEPHENSON, JAMES R
STREET ADDRESS 2089 PINE RIDGE ROAD
CITY-ST-ZIP NAPLES FL 34109

TITLE P ☐ DELETE
NAME STEPHENSON, PEGGY S
STREET ADDRESS 2089 PINE RIDGE RD
CITY-ST-ZIP NAPLES FL 34109

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 2316 Pine Ridge Rd #324
1.4 CITY-ST-ZIP NAPLES, Florida 34109

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2316 Pine Ridge Rd #324
2.4 CITY-ST-ZIP NAPLES, Florida 34109

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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

Daytime Phone #

4/19/99

CR2E034 (1/98)

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