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

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P97000025181

## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90093 028 \*\*\*150.00



SUNDIAL	. UTILITIES, INC.										
Principal Place	e of Business	Mailing Address						<b>ub</b> ill <b>ub</b> ill <b>ub</b> ille 11	.88)   1001   188)	,  B O    O    O	
4772 HISKORY SHORES BLVD 4772 HISKORY SHORES BLVD											
GULF BREEZE FL 32561 GULF BREEZE FL 32561							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualife	d			ļ
							03/20/1997				
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number			plied For	]
21 -		26	<del></del>				59-3437493			t Applicable	-
Suite, Apt. 3	#, etc.	Suite, Apt. #, etc.	<del> </del>				5. Certificate of Status Desired		Fee Re	Additional —— equired	
City & State	9	City & State	City & State				6. Election Campaign Financin	, 🗆	\$5.00		ļ
23		28					Trust Fund Contribution	<del></del>	Added t	o Fees	-
Zip	Country	Zip					8. This corporation owes the co	irrent year Inta	ingible □Yes	□No	
24	25 29 30			ī			Personal Property Tax.  10. Name and Address of New	Registered A		C1140	1
	9. Name and Address of Currer	it Registered Agent		81	Name		TO. Name and Address of Nev	Neglatered P	igeni.		1
DUNKIN, DAVID A				82		Addres	ss (P.O. Box Number is Not Acce	otable)			1
	W DEARBORN ST LEWOOD FL 34223-3290			83						<del></del>	1
				_	0.1				85 Zip (	Code	┨
				84	·			FL	] ] .		
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	aufhorizea	ากข	the corpo	corpor	ration submits this statement for the 's board of directors. I hereby acc	e purpose of o	:hanging its tment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered	Ager	nt signature r	v beniupe	when reinstating)	DATE			] ;
12.	OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO C	FFICERS AN			]
TITLE	D □ DELETE 1.			TLE		P	/T/D		☐ Change	Addition	
NAME	HOLL, DEHIVING			AME		• /					
STREET ADDRESS				TREE	TADORESS						1
CITY-ST-ZIP	GULF BREEZE FL 32561		1.4 C	ITY-S	T-ZIP		<del> </del>		Chanas	Addition	4
TITLE	D	☐ DELETE	2.1 T	TLE		V/	5/D		☐ Change	HA Applican	
NAME	ROLL, ANDREA	_	2.2 N				•				
STREET ADORESS	1772 11001101111 011011110			TREE	TADDRESS						
CITY-ST-ZIP	GULF BREEZE FL 32561				T-ZIP ·		7/		☐ Change	Addition	1
TITLE	☐ DELETE 3.1				V	LOVE ROLL	-11.0		•		
NAME			3.2 N		T ADDO#00	V	WAY TICKORY	SHORE	55 B1	VU	
STREET ADDRESS			1		T ADDRESS ST-ZIP	7	TO ROLL MANE ROLL MANE ROLL MIT BREEZE	P1 3	256/	1	
CITY-ST-ZIP TITLE		DELETE	4.1 T		31-ZIF				Change	Addition	1
NAME		_	4 2 ?	AME							
STREET ADDRESS					TADDRESS						
CITY-ST-ZIP				TY-S							
TITLE		☐ DELETE	5.1 T				, ·		☐ Change	Addition	
NAME			5.2 N	AME							
STREET ADDRESS			5.3 S	TREE	TADDRESS						
CITY-ST-ZIP			5,4 0	ITY-S	T-ZIP						1
TITLE		☐ DELETE	6.1 T	ITLE					Change	☐ Addition	
NAME			6.2 N	AME							
STREET ADDRESS	1		6.3 5	TREE	T ADDRESS						1

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP