

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 90117 049 ***158.75

DOCUMENT # P97000053132

1. Corporation Name
SUNSOURCE TECHNOLOGY, INC.

Principal Place of Business
2870 CARRIE LN.
LAKE LAND FL 33813

Mailing Address
2870 CARRIE LN.
LAKE LAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

59-3454993

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 4298 South Florida Ave.

Suite, Apt. #, etc.

22 163

City & State

23 LAKE LAND FL

Zip

24 33813

Country

25 US

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 SAME

City & State

28 SAME

Zip

29 SAME

Country

30 SAME

9. Name and Address of Current Registered Agent

WILSON, G. ROBERT
2870 CARRIE LANE
LAKE LAND FL 33813

10. Name and Address of New Registered Agent

81 Name

G. ROBERT WILSON

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

1508 SEAGULL DRIVE #109

83

PALM HARBOR

84 City

PALM HARBOR

FL

85 Zip Code

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

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

G. ROBERT WILSON, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME WILSON, JENNIFER L
STREET ADDRESS 2870 CARRIE LN.
CITY-ST-ZIP LAKE LAND FL 33813

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 PRESIDENT ☐ Change ☒ Addition

1.2 NAME G. ROBERT WILSON
1.3 STREET ADDRESS 1508 SEAGULL DRIVE #109
1.4 CITY-ST-ZIP PALM HARBOR, FL 34685

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:

G. Robert Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

Date

(727) 588-9165

Daytime Phone #

0430706

CR25034 (11/98)