

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

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Jan 28, 1999 8:00am  
Secretary of State

01-28-1999 90001 030 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000061538

1. Corporation Name

FLA. SUN CONSTRUCTION, INC.

Principal Place of Business

3201 PATSBURG PLACE  
DADE CITY FL 33525

Mailing Address

3201 PATSBURG PLACE  
DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

3. Date Incorporated or Qualified

07/14/1997

4. FEI Number

59-3577094

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

DUELL, CALVIN C  
3201 PATSBURG PLACE  
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPPSTD  
DUELL, CALVIN C  
3201 PATSBURG PLACE  
DADE CITY FL 33525☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPVD  
DUELL, CAREY H  
34751 EVERGREEN WAY  
DADE CITY FL 33525☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE

13.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP \*2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition☐ Change☐ Addition

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:

*Calvin C. Duell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-99 352-583-2902