Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90111 005 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Ir corporated or Qualifed

07/16/1997

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

Mailing Address

509 ASCOT COURT

SEBRING FL 33870

HS

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000061918

SUN STATE HOMES, INC.

Principal Place of Business

1432 DUANE PALMER BLVD

SEBRING FL 33870

2a. Mailing Address 4. FEI Number Applied For 2. Principa Place of Business Not Applicable 59-3482611 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Recuired 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Cour try Zip 8. This corporation owes the current year intangible Zip ☐ Yes 30 Persor at Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent KERN, RUSSELL SHAY Street Acdress (P.O. Box Number is Not Acceptable) 82 1432 DUANE PALMER BLVD SEBRING FL 33870 83 85 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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. SIGNATUF:E (NOT E: Registered Agent signature req irred when reinstating) Signature, typed or printed name of registered agent and title if applicable (11/98)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition DELETE 117ITLE TITLE R. Shay Kern CR2E034 KERN, RUSSELL S 1.2 NAME NAME 1.3 STREET ADDRESS 1432 DUANE PALMER BLVD STREET ADDRESS SEBRING FL 33870 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change | 21 TITLE TITLE **VSM** 22 NAME KERN, JOHN N NAME 4343 SCHUMACHER ROAD 59W 2.3 STREET ADDRESS STREET ADDRESS SEBRING FL 33872 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 31 TITLE TITLE 3 2 NAME NAME

33 STREET ADDRESS

4 3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

44 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

51 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

□ DELETE

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify 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 attackment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRUSS

CITY-ST-ZIF

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

TITLE

NAME

Change

☐ Change

Change

Addition

☐ Addition

☐ Addition