

07081999-90008-001-\$150.00-\$150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000080135

Corporation Name

SUN C PRODUCTS, INC.

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90008 001 ***150.00

Principal Place of Business

**13 TANGERINE DRIVE
SARASOTA FL 34239**

Mailing Address

**2313 TANGERINE DRIVE
SARASOTA FL 34239**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1997

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0784694

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.☐Yes ☐ No

9. Name and Address of Current Registered Agent

**OLLIVER, DEBORAH B
2313 TANGERINE DRIVE
SARASOTA FL 34239**

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

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.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/2/99

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	1.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6.2 NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(f), 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBORAH B. OLLIVER

Date

Daytime Phone #

CR2E034 (5/99)