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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham, A

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000099760 (5)

SUN SOLUTIONS BY GAYLE, INC.

Mailing Address Principal Place of Business 2003 CARRINGTON DRIVE 2003 CARRINGTON DRIVE ORLANDO FL 32807 ORLANDO FL 32807 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/20/1997</u> 2. Principal Place of Business 2a, Mailing Address Applied For 59-3473254 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country Zip Yes Yes Personal Property Tax due June 30. 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent <u>B1</u> Name MEAGHER, GAYLE 2003 CARRINGTON DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32807 83 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition PRESIDENT GAYLE MEAGHER DELETE 1.1 TITLE TITLE 1.2 NAME NAME 2003 CARRINGTON DE 1.3 STREET ADDRESS STREET ADDRESS DU.F1. 32804 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition ViPresident 21 TITLE TITLE Michael MEAGHER 2.2 NAME NAME 2003 CARRINGTON DA 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE 6.1 TITLE THILE 6.2 NAME NAME 6.3 STREET ADDRESS 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 aedress.

FILED
Mar 05 1998 8:00am
Secretary of State



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