

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

DOCUMENT # P97000099988

1. Corporation Name

SUNSHINE FLOOR CARE CORPORATION

Principal Place of Business

351 AVE. C.
BIG COPPITT KEY FL 33040

Mailing Address

351 AVE. C.
BIG COPPITT KEY FL 33040

2. Principal Place of Business

21 3930 S. Roosevelt Blvd

2a. Mailing Address

26 3930 S. Roosevelt Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt. 114W

27 Apt. 114W

City & State

City & State

23 Key West, FL

28 Key West, FL

Zip Country

Zip Country

24 33040

29 33040

30 U.S.A.

9. Name and Address of Current Registered Agent

FARRELLY, GREGORY
517 WHITEHEAD ST.
KEY WEST FL 33040

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

65-0798226

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

10. Name and Address of New Registered Agent

81 Name

Gregory G. Farrelly

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

Catalfomo & Farrelly

83

506 Louisa Street

84 City

Key West

FL

85 Zip Code
33040

11. Pursuant to the provisions of Sections 607.050 and 607.058, 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 ☐ DELETE

NAME PD
STREET ADDRESS LLAMA, MAXIMO
CITY-ST-ZIP 351 AVE. C.
BIG COPPITT KEY FL 33040

TITLE ☐ DELETE

NAME VST
STREET ADDRESS SIMONIAN, ZANA
CITY-ST-ZIP 351 AVE. C.
BIG COPPITT KEY FL 33040

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90270 034 ***150.00



DO NOT WRITE IN THIS SPACE

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