

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 10 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000099999 (9)

1. Corporation Name

SUNN STATE REFRESHMENTS, INC.

Principal Place of Business

4864 MARKET PLACE
TALLAHASSEE FL 32303

Mailing Address

4864 MARKET PLACE
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1997

4. FEI Number

☒ 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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

LATSHAW, JOHN H JR
3010 SOUTH THIRD STREET
SUITE A
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81. Name

DOMAN BEASLEY

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

4864 MARKET PLACE

83.

84. City

TALLAHASSEE

FL

85. Zip Code
32303

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: *Doman Beasley*

Signature typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-98

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WISEMAN, TROY D	
STREET ADDRESS	1901 N ROSELLE RD STE 1030	
CITY-STATE-ZIP	SCHAUMBURG IL 60195	
TITLE	D	☐ DELETE
NAME	BEASLEY, D. CHARLES	
STREET ADDRESS	4864 MARKET PLACE	
CITY-STATE-ZIP	TALLAHASSEE FL 32303	
TITLE	D	☐ DELETE
NAME	LINK, GEORGE	
STREET ADDRESS	2064 CYNTHIA DRIVE	
CITY-STATE-ZIP	TALLAHASSEE FL 32303	
TITLE	D	☒ DELETE
NAME	LATSHAW, JOHN H JR	
STREET ADDRESS	3010 SOUTH THIRD ST STE A	
CITY-STATE-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	☒ DELETE
NAME	DUNN, JAMES	
STREET ADDRESS	7407 ELSWORTH COURT	
CITY-STATE-ZIP	ORLANDO FL 32819	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	BEASLEY, D. CHARLES
2.4 CITY-STATE-ZIP	4864 MARKET PLACE TALLAHASSEE, FL 32303
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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.

SIGNATURE:

D. Charles Beasley

4-15-98 850-562-9313

CR2E034 (10/97)