## PROFIT CORPORATION **ANNUAL REPORT** 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98 000021670 1. Corporation Name

SUNSET MERCANTILE CORP

FILED

59 APR 27 PH 2: 19

SECRETARY OF STATE WILLAMASSEE, FLORIDA



|   |              | SOUSEL PERCENTILLE C                      | 014.                                |                      |   |                         |
|---|--------------|---|-------------------------------------|----------------------|---|-------------------------|
| Pτ  |              | of Business                               | Mailing Address                     |                      |   |                         |
|   |              | Windsong Ct.                              | 2221 Windsong (                     |                      |   |                         |
|   |              | ty Harbour, FL                            | Safety Harbour,                     | , FL                 | DO NOT WRITE IN THIS                                  | CDACE                   |
| 3469  |              | 5   | 34695                               |                      | 3. Date Incorporated or Qualified                     | , or ACC                |
|   |              |   |                                     |                      | 3/9/98  | ĺ                       |
| 2   | Principal Pl | ace of Business                           | 2a. Mailing Address                 |                      | 4. FEI Number   | Applied For             |
| 21  |              |   | 26                                  |                      | 59-3500697  | Not Applicable          |
|   | Suite, Apt.  | #, etc.                                   | Suite, Apt #, etc                   |                      |   | \$8.75 Additional       |
| 22  |              |   | 27                                  |                      | 5. Certificate of Status Desired [ ]                  | Fee Required            |
|   | City & State | 3   | City & State                        |                      | 6. Election Campaign Financing                        | \$5.00 May Be           |
| 23  |              |   | 28                                  |                      | Trust Fund Contribution                               | Added to Fees           |
|   | Zip          | Country                                   | Zip                                 | Country              | 8. This corporation owes the current year In          |                         |
| 24  |              | 25  | 29 3                                | 0                    | Personal Property Tax                                 | ☐Yes XNo                |
| 9. Name and Address of Current Registered Agent 10. Name and Addres   |              |   |                                     |                      |   | Agent                   |
| CORPCO, INC.  |              |   |                                     |                      |   |                         |
|   |              |   | Et OOD                              | 82 Street A          | ddress (P.O. Box Number is Not Acceptable)            |                         |
| ZONG SOUTH DATORONE DRIVE / IN PEOOR  |              |   |                                     |                      |   |                         |
|   |              | m FC 33133                                |                                     | 83                   |   | ł                       |
|   | •            |   |                                     | 84 City              |   | 85 Zip Code             |
|   | •            |   |                                     |                      | F(  | <u>- [ ] ]</u>          |
| 11  | . Pursuant t | to the provisions of Sections 607.0502    | and 607.1508, Florida Statutes      | , the above-named of | 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 Stonature topid or printed name of registered spent and trite if applicable (NOTE Registered Apply spinalure required when registating)  DATE   |              |   |                                     |                      |   |                         |
| Signature, typed or printed name of registered agent and trie if applicable (NOTE Registered Agent e-grallure required when reinstating)  |              |   |                                     |                      |   |                         |
| 12<br>Tm  |              | PD OFFICERS AND                           | DELETE                              | 13.                  | ADDITIONS/CHANGES TO OFFICERS A                       | Change Addition         |
|   |              | JAMES P. RAPP                             | Dettere                             | 12 NAME              | · · · · · · · · · · · · · · · · · · ·                 |                         |
| NAME<br>STREET ADDRESS  |              | 2221 Windsong Ct.                         |                                     | 1.3 STREET ADDRESS   | 300002859<br>-04/30/99                                | 9303- 3                 |
| CITY-ST-ZIP   |              |   | 34605                               |                      |   | ****150.00              |
| TIE   |              | Safety Harbour, FL                        | 34695<br>□ DELETE                   | 14 CITY-ST-ZIP       | 7 7 7 7 1 30 100                                      | Change Addition         |
| NA  | l.           | SD  |                                     | 22 NAME              |   | Change CJ Addison       |
|   | EET ADORESS  | KATHLEEN E. RAPP                          |                                     | 23 STREET ADDRESS    |   |                         |
| _   | Y-ST-ZIP     | 2221 Windsong Court                       | 24605                               | 2 4 City-St-Zip      |   |                         |
| TITE  |              | Safety Harbour, FL                        | 34695 □ DELETE                      | 31 TITLE             |   | Change Addition         |
| NAJ   | 1            |   | - Parcon                            | 32 NAME              |   | Change Changes          |
|   | EET ADDRESS  |   |                                     | 3.3 STREET ADDRESS   |   | ,                       |
|   | Y-ST-ZIP     |   |                                     | 34 City-St-ZiP       |   |                         |
| TIT   |              |   | DELETE                              | 41 TITLE             |   | ☐ Change ☐ Addition     |
| NA  | Į.           |   | <u></u>                             | 4 2 NAME             |   | Ti change Ti requesti   |
|   | EET ADDRESS  |   |                                     | 43 STREET ADDRESS    |   | Ì                       |
| _   | 7-8T-ZTP     |   |                                     | 44 City-st-zip       |   |                         |
| TIT!  |              | ·   | □ DELETE                            | 51 TITLE             | <del></del>   | Change Addition         |
| NA  | 1            |   |                                     | 52 NAME              |   |                         |
|   | EET ADDRESS  |   |                                     | 53 STREET ADDRESS    |   | }                       |
|   | /-\$T-ZIP    |   |                                     | 54 CITY-ST-ZIP       |   |                         |
| TITL  |              |   | ☐ DELETE                            | 6 1 TITLE            |   | [] Change [] Addition   |
| NA  |              |   |                                     | 62 NAME              |   | The Charge              |
|   | EET ADDRESS  |   |                                     | 63 STREET ADDRESS    |   | 1                       |
|   | -ST-ZIP      |   |                                     | 64 CITY-ST-ZIP       |   | $\sim$                  |
|   |              | ertify that the information supplied with | this filing does not qualify for th |                      | in Section 110 07/3Vi) Florida Statutos I further en  | <del></del>             |

Institute the miormation 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 suppliemental 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 appears with an address, with all other like empowered. SIGNATURE:

JAMES P. RAPP, PD

SIGNATURE:

SIGNATURE SHOT THE DESCRIPTION NAME OF SIGNING OFFICER ON DIRECTOR

(727) 797-2753