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

**PROFIT** CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

OCUMENT # P98000025802

Corporation Name

Sunshine Concepts, Inc. 13511 Stacey Drive Hudson, Florida 34667

incipal Place of Business

Mailing Address

# **FILED** Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90001 048 \*\*\*550.00



| 13511 Stacey Drive 13511 Stacey<br>Hudson, Florida 34667 Hudson, Flor |    |                     |      |  | DO NOT WRITE IN THIS SPACE  |                               |  |
|---|----|---------------------|------|--|---|-------------------------------|--|
|   |    |                     |      |  | 3. Date Incorporated or Qualifed 3–18–1998                                  |                               |  |
| Principal Place of Business   |    | 2a. Mailing Address |      |  | 4. FEI Number   | Applied For                   |  |
| •   | 26 |                     |      |  | 59-3520320  | Not Applicable                |  |
| Suite, Apt. #, etc.   |    | Suite, Apt. #, etc. |      | į  | F Cortiforts of Statue Decired  | .75 Additional<br>ee Required |  |
| City & State  | 28 | City & State        |      |  | , ,   | 5.00 May Be<br>dded to Fees   |  |
| Zip Country   | 29 | Zip Cou             | ntrÿ |  | 8. This corporation owes the current year Intangible Personal Property Tax. |                               |  |
| 9. Name and Address of Curr   |    |                     |      |  | 10. Name and Address of New Registered Agent                                |                               |  |
| David Leyland   |    |                     | 81   | Name   |   |                               |  |
| 13511 Stacey Drive  |    |                     | 82   | Street Address (P.O. Box Number is Not Acceptable) |   |                               |  |
| Hudson, Florida 34667   |    |                     | 83   |  | <u></u>   |                               |  |
|   |    |                     | 84   | City   | E1 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.

| JIMATORE               | Signature, typed or printed name of registered agent and title if applica | ble. (NOTE: Re | gistered Agent signature req |   |  |  |
|------------------------|---|----------------|------------------------------|---|--|--|
| OFFICERS AND DIRECTORS |   |                | 13.                          | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |
| E                      | P/D   | ☐ DELETE       | 1.1 TITLE                    | ☐ Change ☐ Addition                               |  |  |
| Æ                      | David Leyland   |                | 1.2 NAME                     |   |  |  |
| EET ADDRESS            | 13511 Stacey Drive  |                | 1,3 STREET ADDRESS           |   |  |  |
| -ST-ZIP                | Hudson, Florida 34667   |                | 1,4 CITY-ST-ZIP              |   |  |  |
| E                      | V/D   | ☐ DELETE       | 2.1 TITLE                    | ☐ Change ☐ Addition                               |  |  |
| -<br>E                 |   |                | 2.2 NAME                     |   |  |  |
| EET ADORESS            | Joyce Leyland   |                | 2,3 STREET ADDRESS           |   |  |  |
|                        | 13511 Stacey Drive<br>Hudson, Florida 34667                               |                | 2.4 CITY-ST-ZIP              |   |  |  |
| -ST-ZIP                | nudson, Florida 54007   | DELETE         | 3.1 TITLE                    | ☐ Change ☐ Addition                               |  |  |
|                        |   |                | 3.2 NAME                     |   |  |  |
| t                      |   | •              | 3,3 STREET ADDRESS           |   |  |  |
| EET ADORESS            |   |                | 3.4. CITY-ST-ZIP             |   |  |  |
| -ST-ZIP                |   | ☐ DELETE       | 4,1 TITLE                    | ☐ Change ☐ Addition                               |  |  |
| E                      |   | C Deteile      | 4.2 NAME                     |   |  |  |
| E                      |   |                |                              |   |  |  |
| EET ADDRESS            |   |                | 4.3 STREET ADDRESS           |   |  |  |
| -ST-ZIP                |   | C per eve      | 4.4 CITY-ST-ZIP              | Change Addition                                   |  |  |
| Ξ                      |   | ☐ DELETE       | 5.1 TITLE                    |   |  |  |
| E                      |   | ;              | 5.2 NAME                     |   |  |  |
| ET ADDRESS             |   |                | 5.3 STREET ADDRESS           |   |  |  |
| -ST-ZIP                |   |                | 5.4 CITY-ST-ZIP              |   |  |  |
| <u> </u>               |   | ☐ DELETE       | 6.1 TTLE                     | ☐ Change ☐ Addition                               |  |  |
| E                      |   |                | 6.2 NAME                     |   |  |  |
| ET ADDRESS             |   |                | 6.3 STREET ADDRESS           | ·   |  |  |
| -ST-ZIP                |   |                | 6.4 CITY-ST-ZIP              |   |  |  |

I hereby certify that the information supplied with this filing does not quality 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.

GNATURE: David Leyland V