


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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90015 024 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000038504**

1. Corporation Name  
**FOLLOW THE SUN, INC.**



Principal Place of Business 512 CLEVELAND ST. #129 CLEARWATER FL 33755	Mailing Address 512 CLEVELAND ST. #129 CLEARWATER FL 33755
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/28/1998**

21. Principal Place of Business <b>Follow the Sun, Inc</b>	2a. Mailing Address <b>FOLLOW THE SUN, INC.</b>
22. Suite, Apt. #, etc. <b>411 Cleveland St #129</b>	27. Suite, Apt. #, etc. <b>411 Cleveland St #129</b>
23. City & State <b>Clearwater, FL</b>	28. City & State <b>Clearwater, FL</b>
24. Zip <b>33755</b>	29. Zip <b>33755</b>
25. Country <b>USA</b>	30. Country <b>USA</b>

4. FEL Number <b>59-3507213</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HOF, GRETCHEN**  
 512 CLEVELAND ST, #129  
 CLEARWATER FL 33755

10. Name and Address of New Registered Agent

81 Name <b>Gretchen Hof</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>411 Cleveland St #411</b>
83 City <b>Clearwater</b>
84 State <b>FL</b>
85 Zip Code <b>33755</b>

*NEW ADDRESS ONLY*

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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOF, GRETCHEN</b>	1.2 NAME	<b>HOF, GRETCHEN</b>
STREET ADDRESS	<b>512 CLEVELAND ST, #129</b>	1.3 STREET ADDRESS	<b>411 Cleveland St #129</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 33755</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Gretchen Hof* **Gretchen Hof** **4/6/99** **727/515-3906**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)