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 **Secretary of State** 03-02-1999 90011 004 ***150.00

FILED

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| DOCUME | ^{ENT} # P98000105508 | P |
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| Corporation Nan | ne I GOOG I GOOG | _ |
| CHMCET TOH | ICKING SEDVICES INC | |

SUNSEL THUCKING SERVICES INC. Principal Place of Business Mailing Address 0409 HARNEY RD. 10409 HARNEY RD. THONOTOSASSA FL 33592 THONOTOSASSA FL 33592 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/17/1998 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3<u>54</u> Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MILLER, NANCY A 82 Street Address (P.O. Box Number is Not Acceptable) 10409 HARNEY RD. THONOTOSASSA FL 33592 83 Zip Code 84 City 85 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 ascept the applications of, Section 607.0505, Florida Statutes. JANCO A. M. I Lex SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition 1.1 TITLE TITLE work Hommer & T 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS Thonorosasca Floride 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE Nancy A Miller 2.2 NAME NAME 10409 Harney Ad 2.3 STREET ADDRESS STREET ADDRESS 33592 ThomaTOSABSÃ Floride 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 3.1 TM E Change ☐ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP

NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

4.1 TITLE

4. 2 NAME

51 III) E

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

DELETE

DELETE

DELETE

SWIND TO BE BEARING RED

Change - Addition

☐ Change

Change

☐ Addition

Addition

CR2E034 (11/98)