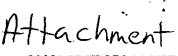
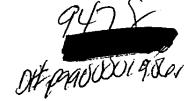
2001 UNIFORM BUSINESS REPORT (UBR) Jul 06, 2001 8:00 am **Secretary of State DOCUMENT #** SONSHINEnterprises of Panama City, Inc. 06-19-2001 90007 022 ***150.00 Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ss of Current Registered Agent 7. Name and Address of New Registered Agent Barbara Hutchison 3604 W. 1545 Street Street Address (P.O. Box Number is Not Acceptable) Parama City, FL 32401 City Zip Code 8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1. 2001 Fee will be \$550.00 __0 -Trust-Fund-Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IME TITLE Change Addition Barbara Hutchison, 3604 W. 15th NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Delete -TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS : # CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 in the property of the composition of the composition of the composition of the composition of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the property of th SIGNATURE:

FILED





SONSHINEnterprises of Panama City, Inc. PGG-1901

Principal Place of Business:

Mailing Address:

3604 W. 15th Street Panama City, FL 32401

3604 W. 15th Street Panama City, FL 32401

Bay County Barbara Hutchison (Aresident)

The Corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (X).

Barbara Hutchison (President) 850/185-3344 or 850/234-4039

Note: In lieu of the State form, I'm submitting my own because I'm quess I'm just getting old and I've mis placed yours. sorry for any trouble this may cause you.