

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S06864

1. Corporation Name

SUNSHINE OXYGEN SERVICES, INC.

Principal Place of Business

**13555 AUTOMOBILE BLVD., SUITE 540
CLEARWATER FL 33762
US**

Mailing Address

**13555 AUTOMOBILE BLVD., SUITE 540
CLEARWATER FL 33762
US**

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90029 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/04/1990

4. FEI Number

59-3031327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 9751 66th N

Suite, Apt. #, etc.

2a. Mailing Address

26 9751 66th St. N

Suite, Apt. #, etc.

City & State

23 Pinellas Park FL

City & State

28 Pinellas Park FL

Zip

Country

24 33782 25 USA

Zip

Country

29 33782 30 USA

9. Name and Address of Current Registered Agent

**MORRIS, SHAWN
SUITE 540
13555 AUTOMOBILE BLVD.
CLEARWATER FL 33762**

10. Name and Address of New Registered Agent

81 Name

Shawn Morris

82 Street Address (P.O. Box Number is Not Acceptable)

9751 66th St. N.

83

84 City

Pinellas Park

FL

85 Zip Code

33782

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **BRUNELL, JOSEPH C. JR.**
STREET ADDRESS **8401 MERRILL CIRCLE**
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DPST** ☒ Change ☐ Addition
1.2 NAME **Shawn R. Morris**
1.3 STREET ADDRESS **9751 66th N.**
1.4 CITY-ST-ZIP **Pinellas Park, FL 33782**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Shawn R. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-98

CR2E034 (11/98)