

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT
CORPORATION
ANNUAL REPORT
1993



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S14233 (8)

1. Corporation Name

SUNSHINE MEDIATION COMPANY

Principal Place of Business

**305 MORNINGSIDE DRIVE
LAKELAND FL 33803**

Mailing Address

**305 MORNINGSIDE DRIVE
LAKELAND FL 33803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1991

3a. Date of Last Report

02/21/1994

2. Principal Place of Business

2a. Mailing Address

21 1410 Briarwood Lane

26 P. O. Box 2431

4. FEI Number

59-3040423

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

24 Zip

33803

Country

Polk

29 Zip

33806

Country

Polk

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARKE, THOMAS L. JR.
202 EAST WALNUT STREET
LAKELAND FL 33802**

81 Name

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

1410 Briarwood Lane

83

84 City

Lakeland

FL

85 Zip Code

33803

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

Thomas L. Clarke, Jr.

Thomas L. Clarke, Jr.

8-6-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DP
STOKES, ROBERT G.
305 MORNINGSIDE DRIVE
LAKELAND FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DST
CLARKE, THOMAS L., JR.
1410 BRIARWOOD LANE
LAKELAND FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 only in addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Stokes

8/6/96

941/284-2200

CR2E034 (3/95)