Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90015 041 ***150.00

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 # S71058

1. Corporation SUNCO	AST CUSTOM HOMES, INC.					
Principal Place	e of Business	Mailing Address				
30 CAMELIA CO	OURT	30 CAMELIA COURT				
OLDSMAR FL 34677 OLDSMAR FL 34677				DO NOT WOITE IN THIS	CDACE	
US		US		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed 08/01/1991		
	100 - 100 -	2a. Mailing Address		4. FEI Number	T Ann	lied For
2. Principal Pi	lace of Business	⊢ , *		59-3086061	<u> </u>	Applicable
Z1 [= ∵-Suite⊹Ant∵	#; etc:	26Suite, Apt. #, etc	<u></u>		- \$8.75 A	
22		27		5. Certifcate of Status Desired	Fee Rec	I .
City & State	6	City & State		6. Election Campaign Financing	\$5.00 N	May Be
23		28		Trust Fund Contribution	Added to	, ,
Zip	Country	Zip	Country	8. This corporation owes the current year In		/
24	25	29 30		Personal Property Tax.	☐ Yes !	ØNo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
			81 Name			
	LIWALL, JOGINDER S.		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
30 CAMELIA CT.						
OLD	SMAR FL 34677		83			1
			84 City		85 Zip C	ode
			'	<u></u>	_ -	
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligat	2 and 607.1508, Florida Statutes, of Florida. Such change was auth	the above-named corporat	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	r changing its r intment as reg	istered
	m familiar with, and accept the obligat	ions or, Section 607.0303, Florida	a Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	a Statutes.	red when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Re	egistered Agent signature requirements.		ND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: Re	ngistered Agent signature requirement 13.	red when reinstating) DATE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PS DHALIWALL, JOGINDER S.	t and title if applicable. (NOTE: Re	a Statutes. registered Agent signature require 13. 1.1 TITLE 1.2 NAME	red when reinstating) DATE	ND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PS DHALIWALL, JOGINDER S. 30 CAMELIA COURT	t and title if applicable. (NOTE: Re	a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DATE	ND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PS DHALIWALL, JOGINDER S. 30 CAMELIA COURT OLDSMAR FL	t and title if applicable. (NOTE: ReD DIRECTORS	a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) DATE	ND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PS DHALIWALL, JOGINDER S. 30 CAMELIA COURT OLDSMAR FL	t and title if applicable. (NOTE: Re	a Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) DATE	ND DIRECTOR	RS IN 12
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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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Daytime Phone #

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP

727-786-1940