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Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S87582

(0)

1. Corporation Name  
SUN STATE AWNINGS, INC.



Principal Place of Business

517A PAUL MORRIS DR  
ENGLEWOOD FL 34223-3961

Mailing Address

517A PAUL MORRIS DR  
ENGLEWOOD FL 34223-5201

3. Date Incorporated or Qualified  
10/14/1991

3a. Date of Last Report  
01/30/1996

2. Principal Place of Business

21 ABOVE

2a. Mailing Address

26 SAME

4. FEI Number  
65-0290906

Applied For  
Not Applicable

Suite, Apt. #, etc.

22 A

Suite, Apt. #, etc.

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

23 Englewood, FL

City & State

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

24 3422

Country

25 USA

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISCHER, C. MICHAEL  
2800 PLACIDA RD  
SUITE 112  
ENGLEWOOD FL 34224

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE  
NAME COLE, LEON W  
STREET ADDRESS 9307 SAN BERNARDINO AVE  
CITY-ST-ZIP ENGLEWOOD FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME PRESIDENT  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DS ☐ DELETE  
NAME COLE, MADELYN W.  
STREET ADDRESS 9307 SAN BERNARDINO AVE  
CITY-ST-ZIP ENGLEWOOD FL

2.1 TITLE SECRETARY/TREAS. ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME WALLACE, DENNIS  
STREET ADDRESS 13100 MC CALL RD UNIT 125  
CITY-ST-ZIP PT. CHARLOTTE FL

3.1 TITLE VICE-PRESIDENT ☒ Change ☐ Addition  
3.2 NAME OPERATIONS  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☒ DELETE  
NAME GILLIS, DANNY  
STREET ADDRESS 12140 CROSSGATE AVE  
CITY-ST-ZIP PT. CHARLOTTE FL 33981

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

TITLE T ☒ DELETE  
NAME COLE, MADELYN W.  
STREET ADDRESS 9307 SAN BERNARDINO AVE.  
CITY-ST-ZIP ENGLEWOOD FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Madelyn W. Cole / Madelyn W. COLE/SEC. TREAS. 1/27/97 944-475-7699  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)