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 # V02837 1. Corporation Name

SUNDOWN SERVICES, INC.

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Principal Place of Business Mailing Address					4 10011 0111011 00110 11001 1	ine ittit tabt bybj	t MtMts Mills Mills (TOWER MEMALET (MA)
14207 PIMBER	RTON DR	14207 PIMBERTON DR						
HUDSON FL 34667 HUDSON FL 34667					DO NOT			
US	•	US	•			WRITE IN TH	IS SPACE	· · · · · · · · · · · · · · · · · · ·
	,				3. Date Incorporated or Qual 01/01/1992	ted		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 26				59-3099819		No	t Applicable	
Suite, Apt	:. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	d 🗆	\$8.75	
		27					Fee Re	quired
City & Sta	ite	City & State			6. Election Campaign Finance	ing 🗆	\$5.00	
23		28	0		Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip ,	Cour	ıtry	8. This corporation owes the	current year I		□N-
24 ·	25	29	30		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent		81 Name	10. Name and Address of Ne	w Kegistere	a Agent	
WA	TKINS, CARL T., CPA			O' Name				
이 7345 JACKSON SPRINGS ROAD			ļ	82 Street Ac	ldress (P.O. Box Number is Not Acc	eptable)		
	TE 3			02	1 10 March 1991, 1940 2 14 14 Ang 2, 1961 2 1 1 2		* 1.17 * 10 i d d d i * 1 h 11 d 12:11 * 7:2:11 .	7.875 % (942 to # 14.345 7.5813 5 .852
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***			ļ	84 City	**************************************	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip (Sode
Canno prosperi	rmst ran	Light polymores in .			·		<u>L </u>	
11. Pursuan	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statu of Florida: Such change was	ites, the ab authorized	ove-named co	propartion submits this statement for stion's board of directors. I hereby a	the purpose o	of changing its	registered distered
68 agent, I	am familiar with, and accept the obligat	tions of, Section 607.0505, FI	orida Statu	tes.				,
SIGNATURE					•			
	Signature, typed or printed name of registered agent		_	Agent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO	OFFICERS A		
TITLE		_ DELETE	1.1 ΠΠ		59 A COM 15		Change	Addition Addition
NAME .	BUTTERY, WAYNE B.		1.2 NA					
STREET ADDRESS	1			REET ADDRESS			-	
CITY-ST-ZIP	HUDSON FL		_	Y-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TM	E			Change	Addition
NAME	BUTTERY, NANCY A. i		2.2 NAI	ИE .	•			
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CITY-ST-ZIP	HUDSON FL 100 M 100 12		2. 4 CIT	Y-ST-ZIP				
TITLE VUA	REPORT TARES	☐ DELETE	3.1 ππ	.E			☐ Change	☐ Addition
NAME:	Magazin ya kata mwa		3.2 NA	, i				
STREET ADDRESS				nL				
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	E J `	☐ DELETE		REET ADDRÉSS Y-ST-ZIP			(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90007 013 ***150.00