FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **157803** **(8)**

1. Corporation Name
SUNBELT ADVISORS, INC.

Principal Place of Business
~~310 SOUTH 2ND STREET~~
P.O.BOX 3346
FT PIERCE FL 34948

Mailing Address
~~310 SOUTH 2ND STREET~~
P.O.BOX 3346
FT PIERCE FL 34948

3. Date Incorporated or Qualified: 04/01/1949
3a. Date of Last Report: 06/09/1995
4. FEI Number: 59-0801932 ☐ 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

2. Principal Place of Business
21 315 AVENUE A
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 315 AVENUE A
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MCALPIN, DAVID B.
~~310 SOUTH 2ND STREET~~
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 315 AVENUE A
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 DAVID B. McALPIN [signature] 1/23/96
(Typed or Printed Name of Registered Agent) (Signature of Registered Agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSSLOW WALTER B.		1.2 NAME	
STREET ADDRESS	205 S 2ND ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	MCALPIN, DAVID B.		2.2 NAME	
STREET ADDRESS	~~310 SOUTH 2ND STREET~~		2.3 STREET ADDRESS	315 AVENUE A
CITY-ST-ZIP	FORT PIERCE FL		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	BRITCHER,BETTY		3.2 NAME	
STREET ADDRESS	~~310 S. 2ND STREET~~		3.3 STREET ADDRESS	315 AVENUE A
CITY-ST-ZIP	FT. PIERCE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: [signature] DAVID B. McALPIN, SECRETARY 1/23/96 407-595-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)