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 # **615354** **(8)**

1. Corporation Name

SUNSHINE DIVERSIFIED INVESTORS, INC.

Principal Place of Business	Mailing Address
201 DORT ST SUITE A PLANT CITY FL 33566	201 DORT ST SUITE A PLANT CITY FL 33566

3. Date Incorporated or Qualified: 03/26/1979

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 415 N. WILDER RD
22: Suite, Apt. #, etc.
23: City & State: PLANT CITY FL
24: Zip: 33566 — 25: Country

2a. Mailing Address
26: 415 N. WILDER RD
27: Suite, Apt. #, etc.
28: City & State: PLANT CITY FL
29: Zip: 33566 — 30: Country

4. FEI Number: 59-1901009 ☐ 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

9. Name and Address of Current Registered Agent

PARRISH, STEPHEN R
901 W MORSE ST
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name: RODERICK, ROBERT L.
82 Street Address (P.O. Box Number is Not Acceptable): 415 N. WILDER RD
83:
84 City: PLANT CITY — FL — 85 Zip Code: 33566

11. Pursuant to the provisions of Section 607.0502 and 607.1008, 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: Robert L. Roderick — Robert L. Roderick — DATE
Signature, typed or printed name of Registered Agent and title, if applicable (NOTE: Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P/T/S/D	☒ Change ☐ Addition
NAME	HAUGHT, TIMOTHY J		1.2 NAME	RODERICK, ROBERT L.	
STREET ADDRESS	1111 N JOHNSON ST		1.3 STREET ADDRESS	415 N WILDER RD	
CITY-ST-ZIP	PLANT CITY, FL 00000		1.4 CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BREWINGTON, DAVID		2.2 NAME		
STREET ADDRESS	1703 HUGHES DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 00000		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARRISH, STEPHEN R		3.2 NAME		
STREET ADDRESS	901 W. MORSE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 00000		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RODERICK, ROBERT L		4.2 NAME		
STREET ADDRESS	RT 3 BOX 337		4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 00000		4.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HEMPHILL, DONALD E		5.2 NAME		
STREET ADDRESS	2926 CHARLIE TALOR RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 00000		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)(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: ✓ Robert L. Roderick — Robert L. Roderick — President — Date — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)