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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 674939 (4)

1. Corporation Name
SUN STATES SERVICES, INC.

Principal Place of Business	Mailing Address
~~501 E KENNEDY BLVD. STE. 1400~~	~~501 E KENNEDY BLVD. STE. 1400~~
~~PO BOX 3324~~	~~PO BOX 3324~~
~~TAMPA FL 33601~~	~~TAMPA FL 33601-3324~~

2. Principal Place of Business	2a. Mailing Address
21 400 N. Tampa St.	26 400 N. Tampa St
22 Suite 2630	Suite 2630
23 Tampa FL	28 Tampa FL
24 Zip 33602 / 25 Country	29 Zip 33602 / 30 Country

3. Date Incorporated or Qualified: 06/25/1980
3a. Date of Last Report: 05/01/1996
4. FEI Number: 58-1401859 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional
6. ~~Election Campaign Financing Trust Fund Contribution~~ ☐ ~~$5.00 Add'l~~ $5.00 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	10. Name and Address of New Registered Agent
FARRIOR, J REX JR ~~501 E KENNEDY BLVD STE 1400~~ ~~TAMPA FL 33602~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 400 N. Tampa St 83 Suite 2630 84 City Tampa FL 85 Zip Code 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GRUENSFELDER, ALBERT L J		1.2 NAME		
STREET ADDRESS	32 WILLOW GLEN NE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 00000		1.4 CITY-ST-ZIP		30342
TITLE	VS	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GRUENSFELDER, ELEANOR		2.2 NAME		
STREET ADDRESS	32 WILLOW GLEN NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 00000		2.4 CITY-ST-ZIP		30342
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GRUENSFELDER, HOWARD HJ		3.2 NAME		
STREET ADDRESS	7012 ALTURAS COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		33634
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		

CR2E034 (9/96)

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: _____ 2-28-97 404/237-2120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #