FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 27 PM 3:16

DOCUMENT # **765157** **(3)**

1. Corporation Name

SUNSYSTEM DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
% TAMARA L TRIMBLE 2400 BEDFORD ROAD ORLANDO FL 32803	% TAMARA L TRIMBLE 2400 BEDFORD ROAD ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1982
3a. Date of Last Report: 02/18/1994
4. FEI Number: 59-2219301 ☐ 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
7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☑ **$68.75** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

TRIMBLE, TAMARA L
2400 BEDFORD ROAD
ORLANDO FL 32803

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	~~CUMMINGS, DESMOND D JR.~~	12 NAME	Delete	
STREET ADDRESS	~~601 E. ROLLING ST.~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL~~	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	D	☐ Change ☒ Addition
NAME	BLAIR, MARDIAN	22 NAME		
STREET ADDRESS	2400 BEDFORD RD.	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	MILLER, CYRIL H	32 NAME		
STREET ADDRESS	1904 THOUSAND OAKS DR	33 STREET ADDRESS	777 S. Burleson Boulevard	
CITY-ST-ZIP	BURLESON TX	34 CITY-ST-ZIP	Burleson, TX 76028	
TITLE	VD	41 TITLE		☒ Change ☐ Addition
NAME	WERNER, THOMAS	42 NAME		
STREET ADDRESS	1154 HOWELL CREEK DRIVE	43 STREET ADDRESS	601 E. Rollins Street	
CITY-ST-ZIP	WINTER SPRINGS FL	44 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	AS	51 TITLE		☒ Change ☐ Addition
NAME	BLOCK, L MARK	52 NAME		
STREET ADDRESS	1630 CRESCENT RD	53 STREET ADDRESS	2400 Bedford Road	
CITY-ST-ZIP	LONGWOOD FL	54 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T. Mark Block February 2, 1995 407-897-5309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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