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 # **F89821** **(5)**

1. Corporation Name
SUNWORKS, INC.

Principal Place of Business	Mailing Address
10001 NW 50 ST. #114 SUNRISE FL 33351	10001 NW 50 ST. #114 SUNRISE FL 33351

3. Date Incorporated or Qualified: **07/07/1982**
3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business
21 4754 TOWNSHIP CHASE
22 Suite, Apt. #, etc
23 City & State: MARIETTA, GA
24 Zip: 30066 25 Country: USA

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

4. FEI Number: **59-2215440** ☐ 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

CLEMENT, JEFFREY
10001 NW 50 ST., #114
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name: H. L CLEMENT
82 Street Address (P.O. Box Number is Not Acceptable): 5811 NW 82 AVE
83
84 City: TAMARAC FL 85 Zip Code: 33321

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Henry L Clement HENRY L. CLEMENT 7/16/96
Signature, typed or printed name of registered agent and title if applicable (Title: Registered Agent/Legal name printed when necessary) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CLEMENT, JEFFREY		1.2 NAME		
STREET ADDRESS	10001 NW 50 ST #114		1.3 STREET ADDRESS	4754 TOWNSHIP CHASE	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	MARIETTA GA 30066	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	CLEMENT, BEVERLY P		2.2 NAME		
STREET ADDRESS	10001 NW 50 ST #114		2.3 STREET ADDRESS	11754 TOWNSHIP CHASE	
CITY-ST-ZIP	SUNRISE FL		2.4 CITY-ST-ZIP	MARIETTA, GA 30066	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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		

CR2E034 (12/95)

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: Beverly P. Clement BEVERLY P CLEMENT 7/16/96 770-642 9025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #