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 # **G06748** **(9)**

1. Corporation Name
SUN FINANCIAL RESOURCES GROUP, INC.

Principal Place of Business
~~950 N ORLANDO AVE~~
WINTER PARK FL 32789

Mailing Address
~~P.O. BOX 1420~~
WINTER PARK FL 32790

3. Date Incorporated or Qualified: 11/01/1982
3a. Date of Last Report: 06/02/1995

2. Principal Place of Business
21: 950 RAILROAD AVE
Suite, Apt #, etc.
22:
City & State
23:
Zip
24:
Country
25: US

2a. Mailing Address
26: 950 RAILROAD AVE
Suite, Apt. #, etc
27:
City & State
28:
Zip
29: 32789
Country
30: US

4. FEI Number: 59-2950220 ☐ 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**

SCHOFIELD, JOHN K.
~~950 N ORLANDO AVE~~
WINTER PARK FL 32789

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 950 RAILROAD AVE
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 ______ 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	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SCHOFIELD, JOHN K.		1.2 NAME	
STREET ADDRESS	950 N ORLANDO AVE		1.3 STREET ADDRESS	950 RAILROAD AVE
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	SCHOFIELD, LINDA P.		2.2 NAME	
STREET ADDRESS	950 N ORLANDO AVE #300		2.3 STREET ADDRESS	950 RAILROAD AVE
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	HILL, PEGGY J		3.2 NAME	
STREET ADDRESS	950 N ORLANDO AVE		3.3 STREET ADDRESS	950 RAILROAD AVE
CITY-ST-ZIP	WINTER PARK FL 32789		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] PEGGY J. HILL 4-29-96 407-628-0802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)