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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 # **G53064** (3)

1. Corporation Name
SUN * SONIC, INC.

Principal Place of Business	Mailing Address
P.O. BOX 582 FT. WALTON BEACH FL 32549	P.O. BOX 582 FT. WALTON BEACH FL 32549-0582

3. Date Incorporated or Qualified: 08/05/1983
3a. Date of Last Report: 05/01/1996

	2. Principal Place of Business		2a. Mailing Address
21	P.O. BOX 2050	26	P.O. BOX 2050
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State: ~~FORT WALTON BEACH~~	28	City & State: FORT WALTON BEACH
24	Zip: 32549	29	Zip: 32549
25	Country: USA	30	Country: USA

4. FEI Number: 59-2338480 ☐ 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

DREADIN, WILLIAM O
60 2ND
SHALIMAR FL 32579

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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DREADIN, WILLIAM O	
STREET ADDRESS	60 2ND	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	VP	☒ DELETE
NAME	LORENZ, JOSEPH D	
STREET ADDRESS	501 MARY ESTHER CUT-OFF #6	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	S	☒ DELETE
NAME	CARNATHAN, CLAY M	
STREET ADDRESS	149 LINSTEW DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	TD	☒ DELETE
NAME	JAY, J. STEVE	
STREET ADDRESS	317 PELHAM ROAD	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: William O Dreadin 7-9-1997 (904)651-5097