FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G64466** **(7)**

1. Corporation Name
SUN-LIVING DEVELOPING CO., INC.

Principal Place of Business	Mailing Address
718 N ORANGE AVE. POST OFFICE DRAWER "D" GREEN COVE SPRINGS FL 32043	2000 WELLS ROAD H ORANGE PARK FL 32073 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/11/1983**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business	2a. Mailing Address
21 **280 Corporate Way**	26 **280 Corporate Way**
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: **Orange Park FL**	28 City & State: **Orange Park FL**
24 Zip: **32073** 25 County: **Clay**	29 Zip: **32073** 30 County: **Clay**

4. FEI Number: **62-1172572** ☐ 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	10. Name and Address of New Registered Agent
HILL, LEO B. 2000 WELLS ROAD H ORANGE PARK FL 32073	81 Name: **Hill, Leo B.** 82 Street Address (P.O. Box Number is Not Acceptable): **280 Corporate Way** 83 84 City: **Orange Park** FL 85 Zip Code: **32073**

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: _____ LEO B. HILL 18 APR 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	HAMPTON, DAVID H, SR	1.2 NAME	
STREET ADDRESS	709 1/2 E ELK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELIZABETHTON TN	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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)(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 added by an attachment with an address.

SIGNATURE: _____ 4-13-95 **David H. Hampton, Sr. (615) 543-2578**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000410 CP