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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:39

DOCUMENT # H38175 (6)

1. Corporation Name
SUNNYSIDE MORTGAGE CORPORATION OF THE SOUTH, INC

Principal Place of Business	Mailing Address
123 JONES AVE. NICEVILLE FL 32578	123 JONES AVE. NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/17/1985
3a. Date of Last Report: 07/19/1994

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

4. FEI Number: 59-2484729 ☐ 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

HORNE, JIMMY R
123 JONES AVE.
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name: CHRISTOPHER FOWLER
82 Street Address (P.O. Box Number is Not Acceptable): 1827 HEARTLAND DR.
83
84 City: FT WALTON BEACH FL 85 Zip Code: 32547

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: CHRISTOPHER FOWLER Christopher Fowler 4-14-1995
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	P	11 TITLE	P	☑ Change ☐ Addition
NAME	FOWLER, AMOS L	12 NAME	AMOS L FOWLER	
STREET ADDRESS	256 CHICAGO AVE. APT. E	13 STREET ADDRESS	4640 E LAKEMEAD BLVD	
CITY-ST-ZIP	VALPARAISO FL	14 CITY-ST-ZIP	LAS VEGAS NV. 89115	
TITLE	D	21 TITLE	D-ST	☑ Change ☐ Addition
NAME	FOWLER, CHRISTOPHER	22 NAME	CHRISTOPHER FOWLER	
STREET ADDRESS	256 CHICAGO AVE. APT. E	23 STREET ADDRESS	1827 HEARTLAND DR.	
CITY-ST-ZIP	VALPARAISO FL	24 CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, CHARLENE F	32 NAME		
STREET ADDRESS	22 A BENT TREE RD.	33 STREET ADDRESS		
CITY-ST-ZIP	ROSWELL NM	34 CITY-ST-ZIP		
TITLE	ST	41 TITLE		☒ Change ☐ Addition
NAME	HORNE, JIMMY R	42 NAME		
STREET ADDRESS	123 JONES AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAY 1	
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)(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: AMOS FOWLER PRES 4-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0391766 CP