2004 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

FILED **ANNUAL REPORT (AR)** Apr 19, 2004 8:00 am Secretary of State DOCUMENT # H99281 1. Entity Name 04-19-2004 90724 048 ***150 00 SUN SOUTH SYSTEMS, INC. Principal Place of Business Mailing Address 8000 DOOLEY DRIVE 8000 DOOLEY DRIVE 94057153 P.O.ABOX 18723 P.O.ABOX 18723 PENSACOLA FL 32526 PENSACOLA FL 32523-8723 2. Principal Place of Business Mailing Address 1048 KATHLEEN AVE. 1048 KATHLEEN AVE Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) P.O. BOX 18723 P.O. BOX 18723 City & State City & State 4. FEI Number Applied For 59-2693777 PENSACOLA, FL PENSACOLA, FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32523 32523 -US∶ US 🚐 🊅 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RHODES, E.J. JR. 8000 DOOLEY DRIVE RHODES E.J. III Street Address (P.O. Box Number is Not Acceptable) 1048 KATHLEEN AVE. PENSACOLA FL 32506 City CANTONMENT 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **₹** Delete TITLE TITLE ∍PD K Change ☐ Addition RHODES, E.J. JR. NAME NAME RHODES, E.J. III STREET ADDRESS 8000 DOOLEY DRIVE STREET ADDRESS 1048 KATHLEEN AVE. CANTONMENT, FL 32533 CITY - ST - ZIP PENSACOLA FL CITY-ST-7F TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE "Detete" ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I 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 report or supplemental 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 10 or Block 11 if

E.J. RHODES III

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04 (850) 944-5/00