FILE NOW: FILING FEE AFTER MAY 1 IS

FILED
May 09 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
SONNY BEACH, INC.

DOCUMENT # K64954 (6)

Mailing Address
15 Hurlbert Field Rd.
FORT WALTON BEACH FL 32547

Principal Place of Business
15 Hurlbert Field Rd
FORT WALTON BEACH FL 32547

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address
21 15 Hurlbert Field Rd
Suite, Apt. #, etc.
22
City & State
23 Ft. Walton Bch., FLA
Zip 24 32547 Country 25 Okaloosa

2a. Principal Place of Business
26 15 Hurlbert Field Rd.
Suite, Apt. #, etc.
27
City & State
28 Ft. Walton Bch., FLA
Zip 29 32547 Country 30 Okaloosa

3. Date Incorporated or Qualified: 02/13/1989
3a. Date of Last Report: 04/23/1996

4. FEI Number: 59-2936672 ☐ 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

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MORELAND, DOUGLAS G.
117 Lake Lorraine Circle
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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/P	1.1 TITLE	
1.2 NAME	MORELAND, DOUGLAS G.	1.2 NAME	
1.3 STREET ADDRESS	117 Lake Lorraine Circle	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Shalimar, FL. 32579	1.4 CITY-ST-ZIP	
2.1 TITLE	D/S/I	2.1 TITLE	
2.2 NAME	MORELAND, PAULA N.	2.2 NAME	
2.3 STREET ADDRESS	117 Lake Lorraine Circle	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Shalimar, FL. 32579	2.4 CITY-ST-ZIP	
3.1 TITLE	V/P	3.1 TITLE	
3.2 NAME	DECKER, JAMES F	3.2 NAME	
3.3 STREET ADDRESS	608 31ST ST	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

5/9/97

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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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paula Moreland Paula Moreland 4-29-97 904-664-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #