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 25 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K85343** **(7)**

1. Corporation Name
SOUTHSIDE HAPPY DAYS, INC.

Principal Place of Business	Mailing Address
1941 DEAN ROAD JACKSONVILLE FL 32216	1941 DEAN ROAD JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/03/1989**
3a. Date of Last Report: **04/06/1994**

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: **59-2946516** ☐ 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

DUNKLEY, DANIEL W.
2909 KLINE RD
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: DAVID A. Dunkley, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 6136 Vasari Drive
83
84 City: Jacksonville FL 85 Zip Code: 32216

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: David A. Dunkley Jr DAVID A. DUNKLEY JR Pres DATE: 4/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	1.1 TITLE	PT	☒ Change ☐ Addition
NAME	DUNKLEY, DANIEL W.	1.2 NAME	DAVID A. Dunkley Jr	
STREET ADDRESS	2909 KLINE RD	1.3 STREET ADDRESS	6136 Vasari Dr.	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JAX FL 32216	
TITLE		2.1 TITLE	VPS	☒ Change ☐ Addition
NAME		2.2 NAME	Tracy Samuel	
STREET ADDRESS		2.3 STREET ADDRESS	6136 Vasari Dr.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JAX FL 32216	
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 on an attachment with an address.

SIGNATURE: David A. Dunkley Jr Pres DAVID A. Dunkley Jr 4/20/95 723-3534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001843 CP