FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # N27061 (3)

SUNSHINE PROMOTIONAL FUND, INC.

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95 MAY -1 PM 0:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
109 SETTLERS ROW N POINTE VEDRA BCH FL 32082 US	~~FREDERICK R. SHORT, JR~~ ~~3733 UNIVERSITY BLVD 2 S203~~ ~~JACKSONVILLE FL 32217~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1988
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2899190 ☐ 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 with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 109 Settlers Row, N
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ponte Vedra Bch, FL
Zip 24 / Country 25	Zip 29 32082 / Country 30 USA

9. Name and Address of Current Registered Agent

SHORT, FREDERICK R., JR.
3733 UNIVERSITY BLVD., WEST
S203
JACKSONVILLE FL 32217

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 section(s) 607.0505 and/or 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: (If changing Registered Agent, New Registered Agent must sign here.) (If changing Registered Agent, Current Registered Agent must sign here.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, DELETIONS AND/OR CORRECTIONS
31 TITLE	D	41 TITLE ☐ Change ☐ Addition
32 NAME	TARIO, PAUL T.	42 NAME
33 STREET ADDRESS	2232 HERITAGE DR	43 STREET ADDRESS
34 CITY ST ZIP	LAKELAND FL	44 CITY ST ZIP
35 TITLE	D	45 TITLE ☐ Change ☐ Addition
36 NAME	ENGELKING, DANIEL	46 NAME
37 STREET ADDRESS	7499 PARK LANE RD 152	47 STREET ADDRESS
38 CITY ST ZIP	COLUMBIA SC	48 CITY ST ZIP
39 TITLE	D	49 TITLE ☐ Change ☐ Addition
40 NAME	GREY, EUGENE	50 NAME
41 STREET ADDRESS	136 RAINBOW WAY	51 STREET ADDRESS
42 CITY ST ZIP	FAYETTEVILLE GA	52 CITY ST ZIP
43 TITLE	VP	53 TITLE ☐ Change ☐ Addition
44 NAME	HOLMAN, TERESA L.	54 NAME
45 STREET ADDRESS	109 SETTLERS ROW N	55 STREET ADDRESS
46 CITY ST ZIP	POINTE VEDRA BCH FL	56 CITY ST ZIP
47 TITLE	ST	57 TITLE ☐ Change ☐ Addition
48 NAME	VIDOVICH, FREIDA E.	58 NAME
49 STREET ADDRESS	8153 MIDDLEFORK WAY	59 STREET ADDRESS
50 CITY ST ZIP	JACKSONVILLE FL	60 CITY ST ZIP
51 TITLE		61 TITLE ☐ Change ☐ Addition
52 NAME		62 NAME
53 STREET ADDRESS		63 STREET ADDRESS
54 CITY ST ZIP		64 CITY ST ZIP

14. To the best of my knowledge, information and belief, the statements made in this report are true, correct and complete. I hereby certify that the information supplied with this filing complies with the requirements of section 607.0505, 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 12 or Block 14 above, or on an attachment with an entry for my name.

SIGNATURE: Teresa Holman TERESA HOLMAN 4/27/95 904-273-9918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0025741