FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 23, 2003 8:00 am Secretary of State P01000043385 DOCUMENT # 04-23-2003 90116 035 ***150.00 1. Entity Name SUN CITY DEVELOPMENT, INC. Mailing Address Principal Place of Business 30 FAIRWAY RD 30 FAIRWAY RD JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3724308 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent G. Hathaway, P.A. RICHARD G. HATHAWAY, P.A. Street Address (P.O. Box Number is Not Acceptable) 115 Professional Drive Suite IDI 50 A1A N STE 102 PONTE VEDRA BCH FL 32082 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. SIGNATÜRE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Change DILE ☐ Delete NAME RUNYON, RONNIE J NAME STREET ADDRESS STREET ADDRESS 30 FAIRWAY RD CITY-ST-ZIP JACKSONVILLE BCH FL 32050 CITY-ST-ZIP ☐ Addition Change Change TITLE Delete TITLE NAME MARTIN, BUDDY F NAME 4293 RIPKEN CIT. E. 9819-3 BEACH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BCH FL 32246 Jax., FL. 32224 Delcte TITLE. Change ___Addition n NAME FISHER, STEVE V NAME 4346 Tradewinds Or STREET ADDRESS STREET ADDRESS **4930 BRIDGEWATER CIR** CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 Jax., FL. 32250 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

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

CITY-ST-ZIP

ONNIE J. RUNYON 4-18-03 904-237-4012