FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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1995 MAY -1 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05167** **(2)**

1. Corporation Name
SUN FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
1300 OAKBROOK DR. P.O. BOX 5250 NORCROSS GA 30091	1300 OAKBROOK DR. P.O. BOX 5250 NORCROSS GA 30091

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1985
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 58-1362491 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☑ Change ☐ Addition
NAME	PROCKOW, I. ERIC	12 NAME	
STREET ADDRESS	~~5991 RACHEL RIDGE~~	13 STREET ADDRESS	1300 OAKBROOK DRIVE
CITY-ST-ZIP	NORCROSS GA	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	CRILLY, JOHN H.	22 NAME	
STREET ADDRESS	3928 CRAB ORCHARD LN	23 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	RODDY, ROBERT A	32 NAME	
STREET ADDRESS	3777 TRENTON DR	33 STREET ADDRESS	
CITY-ST-ZIP	LITHONIA GA	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	MCCALL, BRUCE C	42 NAME	
STREET ADDRESS	2610 BRIERS NORTH DR	43 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	YOUNG, MARTIN C	52 NAME	
STREET ADDRESS	1220 COLD HARBOR DR	53 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	METZ, MARK A	62 NAME	
STREET ADDRESS	4914 WATERPORT WAY	63 STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA	64 CITY-ST-ZIP	

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JD 5-1-95

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 this address.

SIGNATURE: Robert A Roddy VP CFO
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0100000 FP