

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

ONE SUN COURT  
P.O. BOX 5250  
NORCROSS GA 30092  
US

ONE SUN COURT  
P.O. BOX 926020  
NORCROSS GA 30092-9204  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1985

4. FEI Number

58-1362491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

ONE SUN COURT

Suite, Apt. #, etc.

27

City & State

28

NORCROSS GA

29

30092

Country

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	PROCKOW, I. ERIC	
STREET ADDRESS	ONE SUN COURT	
CITY-ST-ZIP	NORCROSS GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRILLY, JOHN H.	
STREET ADDRESS	3928 CRAB ORCHARD LN	
CITY-ST-ZIP	NORCROSS GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RODDY, ROBERT A	
STREET ADDRESS	8777 TRENTON DR	
CITY-ST-ZIP	LITHONIA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCCALL, BRUCE C	
STREET ADDRESS	2810 BRIERS NORTH DR	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	YOUNG, MARTIN C	
STREET ADDRESS	1220 COLD HARBOR DR	
CITY-ST-ZIP	ROSWELL GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	METZ, MARK A	
STREET ADDRESS	4164 TREDDUR BAY LANE	
CITY-ST-ZIP	NORCROSS GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

Frank McGuire  
Vice President

CR2E034 (10/97)