SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: $375

PROFIT CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P08793 (2)

FILED
95 AUG 10 AM 11:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name
SUNSHINE MORTGAGE CORPORATION OF GEORGIA

Principal Place of Business	Mailing Address
573 INTERSTATE BLVD BUILDING A SARASOTA FL 34230 US	573 INTERSTATE BLVD BUILDING A SARASOTA FL 34230 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/23/1986
3a. Date of Last Report: 02/17/1994

2. Principal Place of Business	2a. Mailing Address
21 2018 Oak Terrace	26 2018 Oak Terrace
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 300
City & State 23 Sarasota, Florida	City & State 28 Sarasota, Florida
Zip / Country 24 34231 / 25 U.S.A.	Zip / Country 29 34231 / 30 U.S.A.

4. FEI Number: 58-1424004 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GIPSON, LINDA
573 INTERSTATE BLVD, BLDG A
SARASOTA FL 34230

10. Name and Address of New Registered Agent

81 Name: Linda Gipson
82 Street Address (P.O. Box Number Is Not Acceptable): 2018 Oak Terrace, Suite 300
83
84 City: Sarasota FL 85 Zip Code: 34231

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: Linda Gipson 5/2/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	RHINEHEART, GARY	1.2 NAME	Rhineheart, Gary	
STREET ADDRESS	1415-B BARCLAY CIR.	1.3 STREET ADDRESS	2401 Lake Park Drive, Suite 300	
CITY-ST-ZIP	MARIETTA GA	1.4 CITY-ST-ZIP	Smyrna, Georgia 30080	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	HILER, JULIA E.	2.2 NAME	Hiler-Barrette, Julia E	
STREET ADDRESS	1415-B BARCLAY CIR.	2.3 STREET ADDRESS	2401 Lake Park Drive, Suite 300	
CITY-ST-ZIP	MARIETTA GA	2.4 CITY-ST-ZIP	Smyrna, Georgia 30080	
TITLE	VS	3.1 TITLE	VS	☒ Change ☐ Addition
NAME	BLANCHARD, ELIZABETH	3.2 NAME	Blanchard, Elizabeth	
STREET ADDRESS	1415-B BARCLAY CIR.	3.3 STREET ADDRESS	2401 Lake Park Drive, Suite 300	
CITY-ST-ZIP	MARIETTA GA	3.4 CITY-ST-ZIP	Smyrna, Georgia 30080	
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		

CR2E034 (3/95)

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 an address.

SIGNATURE: Elizabeth Blanchard ELIZABETH BLANCHARD 5/2/95 (404) 437-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0111174 CP