FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS **1998** DOCUMENT #
1. Corporation Name SUN RETIREMENT CORPORATION Principal Place of Business Mailing Address 735 COMMERCIAL STREET. S.E. 735 COMMERCIAL STREET, S.E. SALEM OR 97301-3433 SALEM OR 97301-3433 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/03/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 93-0975384 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ESLICK, PETER O. Name 714 **SOUTH** DAVID BLVD. Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33606** 83

FILED Mar 17 1998 8:00am Secretary of State

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Not Applicable

office or re	to the provisions of Sections 607,0502 and 60 egistered agent, or both, in the State of Floric in familiar with, and accept the obligations of	la. Such change was a	uthorized by the corp	corporation submits this statement for the pur poration's board of directors. I hereby accept	pose of changing it the appointment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered agent and tile	A COLOR	Decident		DATE		
12.	OFFICERS AND DIRECTORS			Registered Agent signature required when reinstalling) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Transpersion Change	Addition	
NAME	ESLICK, PETER O.		1.2 NAME		-24 avene		
STREET ADDRESS	735 COMMERCIAL STREET SE		1.3 STREET ADDRESS	714 S. Davis Blvd.			
	SALEM OR						
CITY-ST-ZIP	TD TD	DELETE	1.4 CITY+ST-ZIP	Tampa, FL 33606	A Change	Addition	
TITLE	1-	L. VELETE	2.1 TITLE		[== Criange	FT MODITION	
NAME .	CARTER, DAVID G.		2.2 NAME	•		ľ	
STREET ADDRESS	2106 RAMBLEWOOD LANE		2.3 STREET ADDRESS	2920 S. Mandrin Meadow	Drive		
CITY-ST-ZIP	BRANDON FL	······································	2. 4 CITY-ST-ZIP	Jacksonville, FL 32223			
TITLE		☐ DELE TÉ	3.1 TITLE	•	☐ Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS	,			
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP			İ	
TITLE		DELETE	6.1 TITLE		Change	☐ Addition	
NAME			6.2 NAME			,	
STREET ADDRESS			6.3 STREET ADDRESS				
CITY OF BID			AACITY CT TO				

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.

3/10/08

City