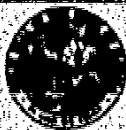


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 10:08

DOCUMENT # P93000045674 (7)

1. Corporation Name

SUNNYSIDE MANAGEMENT CORPORATION

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**227 SE 8 STR
OCALA FL 34471
US**

Mailing Address

**227 SE 8 STR
OCALA FL 34471
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1993

3a. Date of Last Report

04/14/1994

4. FEI Number

59-3180425

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**

7. This corporation has liability for intangible tax under S. 193.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**WADE, DANIEL J
227 SE 8 STR
OCALA FL 34471**

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

**D
NAME
TONKIN, WILLIAM J
STREET ADDRESS
P.O. BOX 731 N/A
CITY - ST - ZIP
SAVANNAH GA 31401**

TITLE

**D
NAME
ALBEA, W. DIANNE
STREET ADDRESS
61 GREENLEAF CIR
CITY - ST - ZIP
HAMPTON GA 30228**

TITLE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE

**NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**D
NAME
TONKIN, WILLIAM J.
STREET ADDRESS
207 ATKINSON STREET
CITY - ST - ZIP
SAVANNAH, GA 31404**

2.1 TITLE

**D
NAME
ALBEA, W. DIANE
STREET ADDRESS
207 ATKINSON STREET
CITY - ST - ZIP
SAVANNAH, GA 31404**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(3)(b), 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: W. Dianne Albea, Sec. W. Dianne Albea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95 (912) 231-8297

DATE

PHONE/FAX