FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000067120 (4)**

1. Corporation Name
SUGAR UNIVERSE, INC.

Principal Place of Business	Mailing Address
2000-1 HENDRICKS AVE STE 163 JACKSONVILLE FL 32207 US	2000-1 HENDRICKS AVE SUITE 163 JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/21/1993**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip
24:
Country
25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: **59-3207565** ☐ 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

ADAMS D BARTH
2533 RIVER RD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

01 Name: ADAMS D. BARTH
02 Street Address (P.O. Box Number is Not Acceptable): 10160 Village Grove W.
03:
04 City: Jacksonville FL 05 Zip Code: 32257

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: D Barth Adams — 4-13-95
Signature of 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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	JOYNER, JUSTIN	1.2 NAME		
STREET ADDRESS	2533 RIVER RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☑ Change ☐ Addition
NAME	ADAMS, D BARTH	2.2 NAME	ADAMS, D. BARTH	
STREET ADDRESS	4534 N 19TH ST	2.3 STREET ADDRESS	10160 Village Grove W.	
CITY-ST-ZIP	ARLINGTON VA 22207	2.4 CITY-ST-ZIP	Jacksonville FL 32257	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
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		

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)(k), 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: D Barth Adams — D. BARTH ADAMS — 4/13/95 — 904-396-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0408317 FP