-- PILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000070123 (2)

SUN ORCHARD OF FLORIDA, INC.

Principal Place of Business Maiting Address 1720 S FLORIDA AVE 1198 W FAIRMONT DR LAKELAND FL 33803 TEMPE AZ 85282-3421 3. Date Incorporated or Qualified 3a. Date of Last Report 9/21/1994 04/30/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3274100 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation has liability for intangiple tax under s. 199.032, Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Kristen C. Gunter 1720 S FLORIDA AVE Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33803 83 City 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 Signisture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. CEO - SUN INC DELETE ☐ Change TITLE 1.1 TITLE Addition ORCHARD NAME MARC ISAACS 1.2 NAME 1198 W FAIRMONT DR STREET ADDRESS 13 STREET ADDRESS TEMPE AZ CHTY-ST-ZHP 14 CITY - ST - ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADORESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZiP DELETE TITLE 31 TITLE Change Addition NAME 32 NAME 3 3 STREET ADDRESS STREET ADORESS 34. CITY+ST-ZIP CITY-ST-ZIP DELETE ☐ Change TITLE 41 TITLE ☐ Addition NAME 4 2 NAME 43 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 4.4 CITY: ST-ZVP. DELETE S 1 TITLE TITLE

CITY-ST-ZIP

14. I do 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 national statement with an address

5.2 NAME

B 1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 City-St-ZiP

SIGNATURE:

NAME

TOLE

NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

MANATURE AND TYPED OR POSITED NAME OF SKINING OFFICER OR DIRECTOR

DELETE

4/21/97

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Daytime Phone #

] Change

FILED

Apr 29 1997 8:00am

Secretary of State