Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90127 004 ***158.75

SULTON	PARK PROPERTIES, INC.	`			'	
Principal Place of Business 10621 PAYNE RD. SEBRING FL 33875		Mailing Address 10621 PAYNE RD. SEBRING FL 33875				021997
2. Principal Place of Business		3. Mailing Address			T I SANIARI (IN IRINI BINI BENI DENI BANK BANK BANK	4 4) (84 1)(81 84114 18814 1884 1884
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 65-0603706	Applied For Not Applicable
Zip	Country	Zip	Count	try	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and Address of New Registered	Agent
CHITTON	JAMES G		{	Name		
10621 PA	**************************************			Street Address ((P.O. Box Number is Not Acceptable)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SEBRING FL 33875						
	*	i		City	FI	Zip Code
		or the purpose of char	ging its registere	d office or register	red agent, or both, in the State of Florida. I am	n familiar with, and accept
the obligation	tions of registered agent.					. {
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	1 Agent signature required	d when reinstating) DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will te \$550.00 k Payable to Florida Department o	f State			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OF ICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11
TITLE NAME STREET ADDRESS	SUTTON, JAMES G 10621 PAYNE RD	☐ Dele	NAME			☐ Change ☐ Addition
CITY-ST-ZIP	SEBRING FL 33875		CITY-	ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dele	NAME STREE			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	₩#YENE F	Condense Dele	te TITLE NAME STREE		en talle and the second and the second	Change Addition
TITLE NAME STREET ADDRESS		☐ Dele	NAME STREE	T ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST. ZIP		☐ Dele	te TITLE NAME STREE	T ADORESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Dete	te TITLE			Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P95000063577

CR2E034 (10/02)