FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS S12127 DOCUMENT # SUN KING COMPANY, INC. Principal Place of Business Mailing Address P O BOX 2634 P O BOX 2634 WINTER PARK FL 32790 WINTER PARK FL 32790 3. Date Incorporated or Qualified 3a. Date of Last Report 11/05/1990 01/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3044731 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required Otv & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 200 Country Zio Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NIDY, ROBERT K Street Address (P.O. Box Number is Not Acceptable) 82 1700 GREENWICH AVE WINTER PARK FL 32790 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent, I am accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type o or printed have refregistered agent arentitie it applicable (NOTE: Fagistered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. THE DELETE 1 1 Title Change ☐ Addition NIDY, ROBERT K NAME 12 NAME CR2E034 1700 GREENWICH AVE STREET ASORESS 1.3 STREET ADDRESS WINTER PARK FL CITE ST ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2 1 TITLE Change Addition NAM: 2.2 NAME SUBJECT ADDRESS 2.3 STREET ADDRESS COLY ST ZIE 24 City - ST - Z/P THE F DELETE 3 1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY ST ZIE 3.4 CITY - \$1 - 7IP THEF DELETE 4 1 DILE Change ☐ Addition NAM 4.2 NAME STIFFE LABORESS 4.3 STREET ADDRESS 0119-51-20 4.4 CITY - \$1 - 2(P THEF FT DELETE 5 1 THILE Change ☐ Addition MAM 5.2 NAME STREET AUDIEUSS 53 STHEET ADDRESS OH+-ST-709 54 CITY-ST-7/P 11": E DELETE 6.1 TITLE ☐ Change Addition NAM € 2 NAME STREET ADDRESS 6.3 STREET ADORESS. L. DV - ST - ZiP 64 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 appears in Black 12 or Block 13 if changed, or on any unitary, it with an address.

SIGNATURE:

SIGNATURE AND TYPED OR P

OF SIGNING OFFICER OR DIRECTOR