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 MAY -1 PM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S52957** **(5)**

1. Corporation Name
SUNBUDDYS, INC.

Principal Place of Business	Mailing Address
2201 NW 46TH ST GAINESVILLE FL 32605-5702 US	2201 NW 46TH ST GAINESVILLE FL 32605-5702 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/10/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3069020** ☐ 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	10. Name and Address of New Registered Agent
SMITH, DENNIS K 8005 SW 122 ST GAINESVILLE FL 32608	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☒ Addition
NAME	SMITH, DENNIS K	1.2 NAME		
STREET ADDRESS	8005 SW 122 ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	32608	
TITLE	STD	2.1 TITLE	V/D	☒ Change ☒ Addition
NAME	KING, JOHN	2.2 NAME		
STREET ADDRESS	113 BEVERLY DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLARKS SUMMIT PA	2.4 CITY-ST-ZIP	18411	
TITLE	PD	3.1 TITLE		☐ Change ☒ Addition
NAME	BULLOCK, EARL H.	3.2 NAME		
STREET ADDRESS	2201 NW 46TH ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	32605-5702	
TITLE		4.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME		4.2 NAME	KICKLITER, RAYMOND L	
STREET ADDRESS		4.3 STREET ADDRESS	821 CHERRY ST	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		5.1 TITLE	V/D	☐ Change ☒ Addition
NAME		5.2 NAME	CHILDRESS, ROBERT L	
STREET ADDRESS		5.3 STREET ADDRESS	4208 BARCELONA	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA FL 33629	
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)(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 an attachment with an address.

SIGNATURE: _____ EARL H. BULLOCK 04/28/95 (904) 373-9809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032744 CP