

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 630175 (8)

1. Corporation Name

SOUTHLAND HOME PRODUCTS, INC.

Principal Place of Business

6419 N 50TH ST.
TAMPA FL 33610

Mailing Address

6419 N 50TH ST.
TAMPA FL 33610

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:12

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/20/1979	3a. Date of Last Report 01/21/1994
4. FEI Number 59-1922006	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	

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

9. Name and Address of Current Registered Agent

HYMAN, DAVID
6708 N. 54TH STREET
TAMPA FL 33610

10. Name and Address of New Registered Agent

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	☐ Change	☐ Addition
NAME	1.2 NAME		
STREET ADDRESS	1.3 STREET ADDRESS		
CITY - ST - ZIP	1.4 CITY - ST - ZIP		
TITLE	2.1 TITLE	☐ Change	☐ Addition
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY - ST - ZIP	2.4 CITY - ST - ZIP		
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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information reflected 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: DONALD R. LUCAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald R. Lucas

2/16/95 813 621-0829
Date Officer/President