

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 684174 (6)
1. Corporation Name
SOUTHSIDE LAND COMPANY.



Principal Place of Business
**4595 LEXINGTON AVENUE
P.O. BOX 412222
JACKSONVILLE FL 32210**

Mailing Address
**4595 LEXINGTON AVENUE
P.O. BOX 412222
JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified
08/08/1980

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3026505

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
21 **P.O. 7691**
Suite, Apt. #, etc.

2a. Mailing Address
26 **P.O. 7691**
Suite, Apt. #, etc.

22 City & State
Jax FL

27 City & State
Jax FL

23 Zip
32238

28 Zip
32238

29 Country

30 Country

9. Name and Address of Current Registered Agent

**MILNE, DOUGLAS J.
4595 LEXINGTON AVENUE
JACKSONVILLE FL 32210**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DSV	☐ DELETE
NAME	MILNE, DOUGLAS J	
STREET ADDRESS	4595 LEXINGTON AVE #100	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	DP	☐ DELETE
NAME	ASHBY, C L G	
STREET ADDRESS	1604 STOCKTON ST.	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	DV	☐ DELETE
NAME	LEMMEL, DAVID E	
STREET ADDRESS	1303 PULLEN RD	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	☐ Change ☐ Addition
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 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: *DJ Milne* *DJ MILNE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 904-387-5400
DATE OF FILING

CR2E034 (12/95)