

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 # F9-5000001947
1. Corporation Name

LIFE OF THE SOUTH SERVICE COMPANY

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified 11/02/87	3a. Date of Last Report 4/21/95
4. FEI Number 58-1761017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 100 West Bay Street Suite, Apt. #, etc.	26 100 West Bay Street Suite, Apt. #, etc.
22 City & State	27 City & State
23 Jacksonville, FL	28 Jacksonville, FL
24 Zip 32202 County USA	29 Zip 32202 Country USA

9. Name and Address of Current Registered Agent

Clarence H. Houston, Jr.
200 West Forsyth Street, Suite 1600
Jacksonville, FL 32201

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 officer, director, or registered agent

DATE

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Chairman and President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N.G. Houston, III	1.2 NAME	
STREET ADDRESS	P.O. Box 925 / 205 Dogwood Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Nashville, GA 31639	1.4 CITY-ST-ZIP	
TITLE	Vice Chairman <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ned Hamil	2.2 NAME	
STREET ADDRESS	100 West Bay Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	2.4 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Loyd L. Shaw	3.2 NAME	
STREET ADDRESS	P.O. Box 925 / 205 Dogwood Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Nashville, GA 31639	3.4 CITY-ST-ZIP	
TITLE	Director and Vice President <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David L. Hardegree	4.2 NAME	
STREET ADDRESS	100 West Bay Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32202	4.4 CITY-ST-ZIP	
TITLE	Secretary / Treasurer <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria P. Patten	5.2 NAME	
STREET ADDRESS	P.O. Box 925 / 205 Dogwood Drive	5.3 STREET ADDRESS	
CITY-ST-ZIP	Nashville, GA 31639	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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:

David L. Hardegree
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Hardegree 4/23/96

(904) 350-9660

Daytime Phone #

CR2E034 (12/95)