

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000001947 (9)

1. Corporation Name

LIFE OF THE SOUTH SERVICE COMPANY

Principal Place of Business

100 WEST BAY STREET
JACKSONVILLE FL 32202

Mailing Address

100 WEST BAY STREET
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/21/1995

4. FEI Number

58-1761017

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HOUSTON, JR., ESO, CLARENCE H
CONE, YONG, STEWART & HOUSTON, P.A.
1050 RIVERSIDE AVE., (P.O. BOX 4550, 32201)
JACKSONVILLE FL 32204

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DC

☐ DELETE

NAME

HOUSTON, N G III

STREET ADDRESS

PO BOX 925/ 205 DOGWOOD DR.

CITY-ST-ZIP

NASHVILLE GA 31639

TITLE

DVP

☐ DELETE

NAME

HARDEGREE, DAVID L

STREET ADDRESS

100 WEST BAY STREET

CITY-ST-ZIP

JACKSONVILLE FL 32202

TITLE

ST

☐ DELETE

NAME

MCCORVEY, CAROL

STREET ADDRESS

PO BOX 925/ DOGWOOD DR.

CITY-ST-ZIP

NASHVILLE GA 31639

TITLE

DP

☐ DELETE

NAME

HAMIL, NED

STREET ADDRESS

100 WEST BAY STREET

CITY-ST-ZIP

JACKSONVILLE FL 32202

TITLE

D

☐ DELETE

NAME

SHAW, LOYD L

STREET ADDRESS

PO BOX 925/ DOGWOOD DR.

CITY-ST-ZIP

NASHVILLE GA 31639

TITLE

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

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

DAVID L HARDEGREE DVP

03/06/98 (904) 350-9660

CR2E034 (10/97)