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Mar 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000001947

1. Corporation Name
LIFE OF THE SOUTH SERVICE COMPANY

Principal Place of Business	Mailing Address
100 WEST BAY STREET JACKSONVILLE FL 32202	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
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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

HOUSTON, JR., ESQ, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	HOUSTON, N G III	
STREET ADDRESS	PO BOX 925/ 205 DOGWOOD DR.	
CITY-ST-ZIP	NASHVILLE GA 31639	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HARDEGREE, DAVID L	
STREET ADDRESS	100 WEST BAY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	MCCORVEY, CAROL	
STREET ADDRESS	PO BOX 925/ DOGWOOD DR.	
CITY-ST-ZIP	NASHVILLE GA 31639	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HAMIL, NED	
STREET ADDRESS	100 WEST BAY STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAW, LOYD L	
STREET ADDRESS	PO BOX 925/ DOGWOOD DR.	
CITY-ST-ZIP	NASHVILLE GA 31639	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ST HARDEGREE, DAVID L
3.3 STREET ADDRESS	100 WEST BAY ST
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: _____ Date: 2-19-99 Daytime Phone #: 904-350-9440 ext 207

CR2E034 (11/98)