

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90062 001 ***450.00

DOCUMENT # H17501 1. Entity Name SOUTHGROUP PROPERTIES, INC.	
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Principal Place of Business 215 DELTA COURT TALLAHASSEE, FL 32303	Mailing Address 1401 OVEN PARK DR SUITE 102B TALLAHASSEE, FL 32308
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66404688



2. Principal Place of Business <i>1401 Oven Park Dr</i> Suite, Apt. #, etc. <i>Suite 102B</i> City & State <i>Tallahassee, FL</i> Zip <i>32308</i> Country <i>USA</i>	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2437020	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DREW, J. EVERITT 1401 OVEN PARK DR SUITE 102B TALLAHASSEE, FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DREW, MITCHELL N JR 1401 OVEN PARK DR SUITE 102B TALLAHASSEE, FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DREW, MITCHELL N JR 1401 OVEN PARK DR SUITE 102B TALLAHASSEE, FL 32308 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mitchell N Drew Jr* 02/27/04 850-385-8140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #