

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 JUN 15 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # K68066 (5)
1. Corporation Name
SOUTHCOST CAPITAL MANAGEMENT CORPORATION

Principal Place of Business
% ROBERT R. KREIS
1800 INDEPENDENT SQUARE
JACKSONVILLE FL 32202
US

Mailing Address
% ROBERT R. KREIS
1800 INDEPENDENT SQUARE
JACKSONVILLE FL 32202
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/20/1989

4. FEI Number
59-2933761
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

6. 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 25

2a. Mailing Address

26 1 Independent Drive

Suite, Apt. #, etc.

27 Suite 1600

City & State

28 Jacksonville, FL

29 Zip Country

30 32202-5009 USA

9. Name and Address of Current Registered Agent

KREIS, ROBERT R.
1800 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1 Independent Drive, Suite 1600

83

84 City

Jacksonville

FL

85 Zip Code

32202-5009

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KREIS, ROBERT R.
STREET ADDRESS 1800 INDEPENDENT SQUARE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME LOVETT, R. D.
STREET ADDRESS 1800 INDEPENDENT SQUARE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME LOVETT, W. R. II
STREET ADDRESS 1800 INDEPENDENT SQUARE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME WILLIAMS, L. D.
STREET ADDRESS 1800 INDEPENDENT SQUARE
CITY-ST-ZIP JACKSONVILLE FL

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 VS ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1 Independent Drive, Suite 1600
1.4 CITY-ST-ZIP Jacksonville, FL 32202-5009

2.1 TITLE DPC ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1 Independent Drive, Suite 1600
2.4 CITY-ST-ZIP Jacksonville, FL 32202-5009

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 1 Independent Drive, Suite 1600
3.4 CITY-ST-ZIP Jacksonville, FL 32202-5009

4.1 TITLE VT AS ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 1 Independent Drive, Suite 1600
4.4 CITY-ST-ZIP Jacksonville, FL 32202-5009

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.

CR2E034 (10/97)