

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 8:55

DOCUMENT # M83494 (8)

1. Corporation Name

SOUTHERN MANAGEMENT GROUP, INC.

Principal Place of Business

**% WILLIAM G. BUCKLES, JR.
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 34640**

Mailing Address

**% WILLIAM G. BUCKLES, JR.
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 34640**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/27/1988

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

59-2904028

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BUCKLES, WILLIAM G., JR.
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 34640**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **VELTMAN, GREGORY D.**
STREET ADDRESS **455 N INDIAN ROCKS RD**
CITY - ST - ZIP **BELLEAIR BLUFFS FL**

TITLE **D**
NAME **VELTMAN, DAVID M.**
STREET ADDRESS **455 N INDIAN ROCKS RD**
CITY - ST - ZIP **BELLEAIR BLUFFS FL**

TITLE **DST**
NAME **BUCKLES, WILLIAM G., JR.**
STREET ADDRESS **455 N INDIAN ROCKS RD**
CITY - ST - ZIP **BELLEAIR BLUFFS FL**

TITLE **DP**
NAME **BARODY, MICHAEL A.**
STREET ADDRESS **455 N INDIAN ROCKS RD**
CITY - ST - ZIP **BELLEAIR BLUFFS FL**

TITLE **D**
NAME **MOORE, MILE J.**
STREET ADDRESS **455 N INDIAN ROCKS RD**
CITY - ST - ZIP **BELLEAIR BLUFFS FL**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. VELTMAN

0361401 CP