

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

3/

03-26-2003 90130 003 \*\*\*150.00

**DOCUMENT # P02000117322**

1. Entity Name  
**SOUTHERN CONTRACTING OF AMERICA, INC.**



Principal Place of Business  
**2009 W RANDOLPH CIR  
TALLAHASSEE FL 32308**

Mailing Address  
**2009 W RANDOLPH CIR  
TALLAHASSEE FL 32308**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number  
**14-1854090**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DAVIS, DEBBI G**  
**2915B GRADY RD**  
**TALLAHASSEE FL 32312**

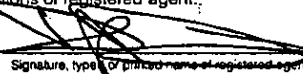
7. Name and Address of New Registered Agent

Name **DEBBI G DAVIS**

Street Address (P.O. Box Number is Not Acceptable)  
**1736 RAY ROAD**

City **TALLAHASSEE** FL Zip Code **32303**

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 **3-20-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	<b>DRIGGERS, DEAN L</b>	
STREET ADDRESS	<b>2601 COLLAGE AVE E</b>	
CITY-ST-ZIP	<b>RUSKIN FL 33570</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>REPASKY, MARK D</b>	
STREET ADDRESS	<b>2009 W RANDOLPH CIR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>HARRIS, GREG</b>	
STREET ADDRESS	<b>2959 GLEN VES DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **REQUIRED**

DATE: **3-21-2003** DAYTIME PHONE #: **850 528 2167**

CR2E034 (10/02)