

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 10 PM 12:24

DOCUMENT # **149746** (0)  
1. Corporation Name  
**SOUTHERN INDUSTRIAL CORPORATION**

Principal Place of Business Mailing Address  
**9009 REGENCY SQUARE BLVD.** **9009 REGENCY SQUARE BLVD.**  
**P.O. DRAWER U** **P.O. DRAWER U**  
**JACKSONVILLE FL 32203** **JACKSONVILLE FL 32203**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/08/1947** 3a. Date of Last Report **03/22/1994**

4. FEI Number **59-0565452** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

**STEIN, DAVID**  
**9009 REGENCY SQUARE BLVD**  
**JACKSONVILLE FL 32225**

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 607.0508, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	STEIN, MARTIN JR.
STREET ADDRESS	9009 REGENCY SQ. BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD
NAME	STEIN, RICHARD
STREET ADDRESS	9009 REGENCY SQUARE BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PD
NAME	STEIN, DAVID
STREET ADDRESS	9009 REGENCY SQUARE BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	EVP
NAME	HICKS, EDWARD F.
STREET ADDRESS	9009 REGENCY SQUARE BLVD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	ST
NAME	CARLSON, MARC
STREET ADDRESS	9009 REGENCY SQ. BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD
NAME	STEIN, ROBERT
STREET ADDRESS	9009 REGENCY SQ BLVD.
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<i>Delete</i>
63 STREET ADDRESS	
64 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)(b), Florida Statutes. I further certify that the information indicated on this annual 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an amendment with an effective date.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/95

725-4122