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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 02 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400005487 (3)

SOUTHLAND ELECTRIC COMPANY Principal Place of Business Mailing Address 5640 CLIFFORD CIR. 5640 CLIFFORD CIR. SUITE B SUITE 8 BIRMINGHAM AL 35210 BIRMINGHAM AL 35210 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/21/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 63-0729743 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name USHER, GEORGE 1714 SYCAMORE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **NICEVILLE FL 32578** 83 ₿4 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. **SIGNATURE** Signature, typed or profed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE ☐ Change 1.1 TITLE Addition MCCAIN, MICHAEL W NAME 1.2 NAME 4606 RUDD SCHOOL ROAD STREET ADDRESS 1.3 STREET ADDRESS add zip code 35126 Change PINSON AL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition BROOKS, PATRICIA M NAME 22 NAME 4401 OAK LANE CIR. STREET ADDRESS 2.3 STREET ADDRESS PINSON AL 35126 CITY-ST-ZIP 2. 4 CITY - ST - ZiP DELETE Change TITLE 3.1 TITLE ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - ZiP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

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Michael II Michael 1-12-98 (205)823-51111