

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90118 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000003754**

1. Corporation Name  
**EASTGROUP PROPERTIES, INC.**

Principal Place of Business Mailing Address  
**300 ONE JACKSON PLACE, 188 EAST CAPITOL ST JACKSON MS 39201** **300 ONE JACKSON PLACE, 188 EAST CAPITOL ST JACKSON MS 39201**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/18/1997**

4. FEI Number **13-2711135** 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 owes the current year Intangible Personal Property Tax.  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 Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEED, LELAND R	1.2 NAME	
STREET ADDRESS	300 ONE JACKSON PLACE, 188 EAST CAPITOL ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39201	1.4 CITY-ST-ZIP	
TITLE	CPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSTER, DAVID H II	2.2 NAME	
STREET ADDRESS	300 ONE JACKSON PLACE, 188 EAST CAPITOL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39201	2.4 CITY-ST-ZIP	
TITLE	CFOT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEY, N K	3.2 NAME	
STREET ADDRESS	300 ONE JACKSON PLACE, 188 EAST CAPITOL ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39201	3.4 CITY-ST-ZIP	
TITLE	VPC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYMAN, DIANE W	4.2 NAME	
STREET ADDRESS	300 ONE JACKSON PLACE, 188 EAST CAPITOL ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39201	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEB, MARSHALL A	5.2 NAME	
STREET ADDRESS	300 ONE JACKSON PLACE, 188 EAST CAPITOL ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39201	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUCKETT, JANN W	6.2 NAME	
STREET ADDRESS	300 ONE JACKSON PLACE, 188 EAST CAPITOL ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39201	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, with all other like empowered.

SIGNATURE: Keith Mckey 4/30/99 (601) 354 3555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (11/98)