

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L04270

**Entity Name:** SOUTHARC, INC.

**Current Principal Place of Business:**

3700 NW 91ST ST  
STE D300  
GAINESVILLE, FL 32606

**Current Mailing Address:**

3700 NW 91ST ST  
STE D300  
GAINESVILLE, FL 32606 US

**FEI Number:** 59-2957583

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WAYNE, LUCY B.  
5426 NW 32ND STREET  
GAINESVILLE, FL 32653 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name WAYNE, MARTIN J.  
Address 5426 NW 32ND ST.  
City-State-Zip: GAINESVILLE FL 32653

Title PD  
Name WAYNE, LUCY B.  
Address 5426 NW 32ND ST  
City-State-Zip: GAINESVILLE FL 32653

Title D  
Name DICKINSON, MARTIN F.  
Address 6215 SW 30TH AVENUE  
City-State-Zip: GAINESVILLE FL 32608

Title VP, DIRECTOR  
Name CULEN, JOSEPH P  
Address 1308 SW 96TH STREET  
City-State-Zip: GAINESVILLE FL 32607

Title SECRETARY, DIRECTOR  
Name DAVIDSON, JOHN H  
Address 615 SW 5TH STREET  
City-State-Zip: GAINESVILLE FL 32601

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUCY B. WAYNE

**PRESIDENT**

**03/17/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date