FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **149746** **(0)**

1. Corporation Name

SOUTHERN INDUSTRIAL CORPORATION

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

Mailing Address
9009 REGENCY SQUARE BLVD.
P.O. DRAWER U
JACKSONVILLE FL 32203

3. Date Incorporated or Qualified: 01/08/1947
3a. Date of Last Report: 04/10/1995

2. Principal Place of Business (21)
Suite, Apt #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt #, etc. (27)
City & State (28)
Zip (29) Country (30)

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

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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	☒ Change ☐ Addition
1.2 NAME	Robert STEIN	
1.3 STREET ADDRESS	9009 Regency Square BLVD	
1.4 CITY-ST-ZIP	JAX, FL 32211	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	400001822411	☐ Change ☐ Addition
5.2 NAME	-05/15/96--01050--010	
5.3 STREET ADDRESS	***1200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(3)(x), 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 is an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-96