


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

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May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
g. 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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VP
NAME	STEIN, ROBERT	1.2 NAME	Beverly Jelinek
STREET ADDRESS	9009 REGENCY SQ. BLVD.	1.3 STREET ADDRESS	9009 Regency Square Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	Jax., FL 32211
TITLE	VD	2.1 TITLE	VP
NAME	STEIN, RICHARD	2.2 NAME	Jimmy Harms
STREET ADDRESS	9009 REGENCY SQUARE BLVD	2.3 STREET ADDRESS	9009 Regency Square Blvd
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jax., FL 32211
TITLE	PD	3.1 TITLE	Assistant Secretary
NAME	STEIN, DAVID	3.2 NAME	Ann E. Sikes
STREET ADDRESS	9009 REGENCY SQUARE BLVD	3.3 STREET ADDRESS	9009 Regency Square Blvd
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jax., FL 32211
TITLE	EVP	4.1 TITLE	
NAME	HICKS, EDWARD F.	4.2 NAME	
STREET ADDRESS	9009 REGENCY SQUARE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	
NAME	CARLSON, MARC	5.2 NAME	
STREET ADDRESS	9009 REGENCY SQ. BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	STEIN, MARTIN E	6.2 NAME	
STREET ADDRESS	9009 REGENCY SQ BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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.

SIGNATURE: *Janice D. Shepphouse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/98
Date

Daytime Phone # 0034904

CR2E034 (10/97)