

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90309 041 ***150.00

A0062260



DO NOT WRITE IN THIS SPACE

DOCUMENT # 149746			
1. Entity 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 32203-0497	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent STEIN, DAVID 9009 REGENCY SQUARE BLVD JACKSONVILLE FL 32225		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, ROBERT 9009 REGENCY SQ. BLVD. JACKSONVILLE FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BEVERLY JELONEK 9009 REGENCY SQ. BLVD. JAX. FL 32211 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, RICHARD 9009 REGENCY SQUARE BLVD JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JIMMY HARMS 9009 REGENCY SQ. BLVD. JAX. FL 32211 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEIN, DAVID 9009 REGENCY SQUARE BLVD JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ANN E. SIKES 9009 REGENCY SQ. BLVD. JACKSONVILLE, FL 32211 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HICKS, EDWARD F. 9009 REGENCY SQUARE BLVD JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER MARK SLATER 9009 REGENCY SQ. BLVD. JAX. FLA. 32211 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARLSON, MARC 9009 REGENCY SQ. BLVD. JACKSONVILLE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, MARTIN E 9009 REGENCY SQ BLVD JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other information as required.

SIGNATURE:SIGNATURE _____
ND TYPED OR P.

NAME OF SIGNING OFFICER OR DIRECTOR _____

Date

Daytime Phone #

4/27/01

904-725-4122

CR2001 70/000