

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

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**



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0565452

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STEIN, DAVID
9009 REGENCY SQUARE BLVD
JACKSONVILLE, FL 32225**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000152680
05/04/04-90096-002 300.00**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	STEIN, ROBERT
STREET ADDRESS	9009 REGENCY SQ. BLVD.
CITY - ST - ZIP	JACKSONVILLE, FL 32211
TITLE	VD
NAME	STEIN, RICHARD
STREET ADDRESS	9009 REGENCY SQUARE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	PD
NAME	STEIN, DAVID
STREET ADDRESS	9009 REGENCY SQUARE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	EVP
NAME	HICKS, EDWARD F.
STREET ADDRESS	9009 REGENCY SQUARE BLVD
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	VST
NAME	STACKHOUSE, JENNIFER D
STREET ADDRESS	9009 REGENCY SQ. BLVD.
CITY - ST - ZIP	JACKSONVILLE, FL 32211
TITLE	VD
NAME	STEIN, MARTIN E
STREET ADDRESS	9009 REGENCY SQ BLVD
CITY - ST - ZIP	JACKSONVILLE, FL

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer D. Stackhouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/04

Daytime Phone #

904-725-4122