~~FILE~~ NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 150037 (0)

1. Corporation Name
SOUTHSIDE PARK COMPANY

Principal Place of Business	Mailing Address
LAKE BYRD BLVD. P. O. BOX 727 AVON PARK FL 33825	LAKE BYRD BLVD. P. O. BOX 727 AVON PARK FL 33826-0727

3. Date Incorporated or Qualified: 02/07/1947
3a. Date of Last Report: 04/24/1996

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: 59-0562767 — ☐ 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
METCALFE, CHARLES G,
15 LAKE BYRD BLVD
POST OFFICE BOX 757
AVON PK FL 33825

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 ______ DATE ______
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS / 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	12. Officers and Directors		13.	Additions/Changes
TITLE	PD	☑ DELETE	1.1 TITLE	President ☐ Change ☐ Addition
NAME	METCALFE,CHARLES G		1.2 NAME	Charles G. Metcalfe
STREET ADDRESS	LAKE BYRD BLVD		1.3 STREET ADDRESS	15 Lake Byrd Blvd.
CITY-ST-ZIP	AVON PARK FL		1.4 CITY-ST-ZIP	Avon Park, Florida 33826
TITLE	VD	☑ DELETE	2.1 TITLE	Vice President ☐ Change ☐ Addition
NAME	METCALFE JR,CHARLES G		2.2 NAME	Charles G. Metcalfe Jr
STREET ADDRESS	200 E CHARLES		2.3 STREET ADDRESS	200 E. Charles Street
CITY-ST-ZIP	AVON PARK FL		2.4 CITY-ST-ZIP	Avon Park Fla 33826
TITLE	SD	☑ DELETE	3.1 TITLE	Secretary ☐ Change ☐ Addition
NAME	METCALFE,MARION D		3.2 NAME	Marion H Metcalfe
STREET ADDRESS	LAKE BYRD BLVD		3.3 STREET ADDRESS	15 Lake Byrd Blvd
CITY-ST-ZIP	AVON PARK FL		3.4 CITY-ST-ZIP	Avon Park, Fla 33826
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: Charles G. Metcalfe President — 2-24-97 — 941-453-3253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #