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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

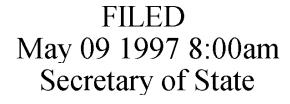
1. Corporation Name

(7)

SOUTH STATE BROKERAGE CO.

Name	1 77	09200	
TATE	DDOVE	NAOC OO	

Mailing Address





365 LAKE SHORE WAY, P.O. BOX 1406 LAKE ALFRED FL 33850		365 LAKE SHORE WAY. P.O. BOX 1406 LAKE ALFRED FL 33850						
					3. Date Incorporated or Qualified 10/11/1949	3a. Date 04/12		Report
	lace of Business	2a, Mailing Address			4. FEI Number		A	oplied For
21		26			59-0618354			ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>—</b>	Additional equired
City & Stat	le	City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Ζφ <b>24</b>	Country 25	Zip <b>29</b>	30 Cour	ntry		Yes 🔲	No	i. 199 032,
	g. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
GRA	Y JR,JAMES W		ŀ	81 Name				
365	LAKÉ SHORE WAY E ALFRED FL 33850			62 Street Add	dress (P.O. Box Number is Not Acceptab	ie)	<u></u>	
				83				
				84 City		FL	<b>85</b> Zip	Code
11. Pursuant office or agent. La	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida State of Florida. Such change was pations of, Section 607.0505, I	tutes, the ab s authorized Florida Stati	ove-named cor I by the corpora ites	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of cl of the appoir	nanging i ntment as	ts registered registered
SIGNATURE	Signatur, typod or privited name of registered ag	ent and title if applicable. (N	OTE: Registered	Agent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND D	RECTO	RS IN 12
1-11.6	PD	DELETE	1.1 TIT	l.F			Change	Addition
NAME	GRAY JR.JAMES W		1.2 NA	ME				
STREET ADDRESS	365 LAKE SHORE WAY		1.3 ST	REET ADDRESS				
CITY - ST - ZIP	LAKE ALFRED FL		1.4 CI7	Y-ST-ZIP				
THEF	ST	DELETE	2.1 TIT				Change	Addilion
NAME	GRAY.JOHN H		2.2 NA	ME I				
STREET ADDRESS	365 LAKE SHORE WAY		2.3 \$1	REET ADDRESS				
CHY-S1-ZIP	LAKE ALFRED FL			TY-ST-ZIP				
TITLE	D	DELETE	3.1 TIT				Change	Addition
NAME.	GRAY, JOHN H.		32 NA	ME I				
STREET ADDRESS	365 LAKE SHORE WAY		3 3 ST	REET ADDRESS	-			
C(1)Y - ST - 2(F	LAKE ALFRED FL			TY-ST-ZIP				
TITLE		DELETE	4.1 7(7				Change	Addition
NAME			4.2 N/					
STREET ADDRESS				REET AODRESS				
CITY - ST - ZIP				Y-ST-ZIP				
Titte		DELETE	5.1 TIT				Change	Addition
NAME		<del></del>	5.2 NA				•	
STREET ADDRESS			1	REET ADDRESS				
CITY-ST-7-P			4	Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT		· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME	1		6.2 NA	l l		h		
STREET ADORESS				REET ADDRESS				
			•					
CHTY - ST - ZIP			■ 6.4 CIT	Y-ST-ZIP				

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: