FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **269047** **(7)**

1. Corporation Name
SOUTHERN STRUCTURES INCORPORATED

Principal Place of Business	Mailing Address
3101 SW 3RD ST OCALA FL 32674	3101 SW 3RD ST OCALA FL 32674

3. Date Incorporated or Qualified: **04/16/1963**
3a. Date of Last Report: **03/31/1995**

2. Principal Place of Business	2a. Mailing Address
21 334 Cypress Road	26 334 Cypress Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ocala, FL	City & State 28 Ocala, FL
Zip 24 34472 Country 25 USA	Zip 29 34472 Country 30 USA

4. FEI Number: **59-1061172** ☐ 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

STUMP JR., HUGH A
~~3101 SW 3RD ST~~
OCALA FL ~~32674~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 334 Cypress Road
83
84 City: **FL** 85 Zip Code: 34472

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 _____ (NOTE: Registered Agent's signature required for each change.) DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition	
NAME	DEMATIO, LORI K.		1.2 NAME		
STREET ADDRESS	~~3101 S W 3RD ST~~		1.3 STREET ADDRESS	334 Cypress Road	
CITY-ST-ZIP	OCALA, FLORIDA 0		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition	
NAME	STUMP, JR., HUGH A.		2.2 NAME		
STREET ADDRESS	~~3101 S.W. 3RD STREET~~		2.3 STREET ADDRESS	334 Cypress Road	
CITY-ST-ZIP	OCALA, FLORIDA 0		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition	
NAME	STUMP, PATRICIA A.		3.2 NAME		
STREET ADDRESS	~~3101 S.W. 3RD STREET~~		3.3 STREET ADDRESS	334 Cypress Road	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition	
NAME	STUMP, STEPHEN J.		4.2 NAME		
STREET ADDRESS	~~3101 SW 3RD ST.~~		4.3 STREET ADDRESS	334 Cypress Road	
CITY-ST-ZIP	OCALA FL		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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lori K DeMatio Lori K. DeMatio 4/30/96 (352)680-1911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)