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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 269047

(7)

SOUTHERN STRUCTURES INCORPORATED

Principal Place of Business Mailing Address						ess									
334 CYPRESS ROAD OCALA FL 34472 US					334 CYPRESS ROAD OCALA FL 34472-3102 US										
										 Date Incorpora 04/16/1963 	ited or Qualified		ate of Last R 01/1996	eport	
2, P 21	Principal P	ipal Place of Business			2a. Mailing Address 26					4. FEI Number 59-106117	2		 	plied For t Applicable	
Suite, Apt. #, etc.				27	Suite, Apt. #, etc.					5. Certificate of S	tatus Desired		\$8.75 / Fee Re		
23	City & State			28	City & State				6. Election Campa Trust Fund Con			\$5.00 Added t			
Z. 24	!ip	Country 25		29	Zip	30 Cour							or intangible tax under s. 199.032,		
		g, Name	and Address of			1? nt				10. Name and Add					
STUMP JR., HUGH A							81	Name					· 		
3101 SW 3RD ST OCALA FL 32674							82	Street	Address	ress (P.O. Box Number is Not Acceptable)					
OCASIVE SECTI													· · · · · · · · · · · · · · · · · · ·		
							84	City				FL	85 Zip (Code	
11.	Pursuant	to the provis	ons of Sections	607.0502 and	607.1508, F	lorida Statutes	s, the above	named	corpora	ation submits this st 's board of director	tatement for the	purpose o	f changing it	s registered	
	agent. I a	m familiar w	ith, and accept the	ne obligations	of, Section 6	nange was at 607.0505, Flor	ida Statutes	rine con	poration	s board of director	s. I hereby acc	ept ine app	ointment as	registerea	
SIGI	NATURE	<u> </u>	·····												
Signature, typed or printed name of registered agent and title diapplicable. (ACHE I 12. OFFICERS AND DIRECTORS							18.	nt signature	e required v	when relastating) ADDITIONS/CHA	NIGES TO OFF	DATE ICERS AND	DIDECTOR	S IN 12	
TALE		\$T				DELETE	1.1 TO LE	····	T	ADDITIONS/OTI/	TIVALO TO OTT	IOLIIO ANL	Change	Addition	
NAME					, ,		1.2 NAME	NAME					•		
STREE	STREET ADDRESS 334 CYPRESS ROAD							1.3 STREET ADDRESS							
CITY-	CITY-ST-ZIP OCALA, FLORIDA O							1.4 CITY-ST-ZIP							
TITLE		PD				DELETE	2 1 TITLE						Change	Addition	
NAME							2.2 NAME			•					
STREE	STREET ADDRESS 3101 S.W. 3RD STREET			•	235			ADDRESS	83	4 Cypress ala 7L	Koad				
CITY-ST-ZIP OCALA, FLORIDA O			·				-		ala" 7L	34472	•				
TITLE		D			L.	DELETE	3.1 TITLE						L. Change	Addition	
NAME STUMP, PATRICIA A.					3.2 NAME										
STREET ADDRESS 334 CYPRESS ROAD					3 & STREET ADDRESS										
CITY-ST-ZIP OCALA FL				34. CHTY-			T- ZIP	ļ			······				
TITLE	1	OTI IMP	ETEDUEN I		L	DELETE	4 1 TITLE						L Change	Addition	
STUMP, STEPHEN J. STREET ADDRESS 334 CYPRESS ROAD					4 2 NAME										
CITY-ST-ZIP OCALA FL						4.3 STREET ADDRESS									
TITLE		OUNDAT	<u> </u>			DELETE	4.4 CITY-S 5.1 TITLE	I - ZIP					Change	Addition	
NAME	!					, Delete	5.1 MEE						onenge	☐ Youtton	
	T ADDRESS	• •					5.3 STREET	AUUBEGG							
	ST-ZIP						5.4 CHY-S								
TITLE						DELETE	6.1 THLE	4.11	-				Change	Addition	
NAME					•	_	6.2 NAME						90		
STREET ADDRESS							6.3 STREET ADDRESS								
	, ``								1						

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 12 or Block 13 of languard, or on an attainment with an address.

FILED

Apr 30 1997 8:00am

Secretary of State