

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 297545

1. Entity Name
1900 SOUTH INC



Principal Place of Business
340 REMINGTON RUN LOOP
TALLAHASSEE, FL 32312

Mailing Address
340 REMINGTON RUN LOOP
1919 GIBBS DRIVE
TALLAHASSEE, FL 32312



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1155764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

F.R. COXEN
340 REMINGTON RUN LOOP
TALLAHASSEE, FL 32312

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POLAK, BARBARA 903 PIEDMONT DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAW JR, FRANK 703 S RIDE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST COXEN, F R 340 REMINGTON RUN LOOP TALLAHASSEE, FL
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04/30/04-80120-014 150.00

**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: **FORREST R. COXEN** *Forrest R. Coxen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 28, 2004 (850) 385-3188
Date Daytime Phone #