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 # **301016** **(2)**

1. Corporation Name

SOUTHERN CAPITAL CORP.

Principal Place of Business	Mailing Address
690 RANGE RD COCOA FL 32926 US	220 KING STREET COCOA FL 32922 US

3. Date Incorporated or Qualified: **01/19/1966**
3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-1113647** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ROWE, MORRIS
1030 GRAY ROAD
COCOA FL 32926

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 (Signature of new registered agent if changing) (Signature of registered agent if not changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SIGVARTSEN, H C		12 NAME		
STREET ADDRESS	1585 NEWFOUND HARBR DR		13 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	ROWE, MORRIS		22 NAME		
STREET ADDRESS	1030 GRAY ROAD		23 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL		24 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	31 TITLE	VSTD	☒ Change ☐ Addition
NAME	HAID, SUSAN, E		32 NAME	Haid, Susan. E.	
STREET ADDRESS	324 E MERRITT ISLAND CSW		33 STREET ADDRESS	1072 Gray Road	
CITY-ST-ZIP	MERRITT ISLAND FL		34 CITY-ST-ZIP	Cocoa, FL 32926	
TITLE	SV	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	ADAMS, DOROTHY, E		42 NAME		
STREET ADDRESS	101 N PLUMOSA ST		43 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: Morris A. Rowe 03/15/96 (407)632-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #