SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 446671

(0)

SOUTHERN WOODS, INCORPORATED

		LITEI	J
Sep	19	1997	8:00am
Se	cre	tary c	of State



									11 4 11 1411
Principal Plac	Mailing Address	Address			-		ill Bibli Gibli Bibli		
8120 S. SUNCOAST BLVD.		212 SOUTH CENTRAL	-						
HOMOSASSA	FL 34446	SUITE 100	SUITE 100			OO HOT WOLLD WAS COLOR			
us ·		ST LOUIS MO 63105 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report			
<u> </u>		00				02/20/1974	1 '	8/12/1996	port
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number			plied For
21	1000 01 -00000	26	├ ─┐			59-1574130		 ' ' '	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<u> </u>					\$8.75 A	
22		27	27			5. Certificate of Status Desired	LJ	Fee Re	
City & State		City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	<u> </u>			Trust Fund Contribution		Added to	o Fees
Zip	Country	Ζιρ	Country			8. This corporation owes or has p			
24	25	29	30]	Personal Properly Tax due June 30. Yes 10. Name and Address of New Registered Agent				No	
110	9. Name and Address of Cu	trent wedisteren waent		81	Name	10. Name and Address of New A	eðisrei e	D Agent	
	ORE, JAMES E III				(Valide				
	5 W MARION AVE		[8			Address (P.O. Box Number is Not Acceptable)			
STE 2 PUNTA GORDA FL 33950				83					
'0'	IIA GOUDA I E 00000								
				84	City		F	85 Zip C	Code
11, Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	les, the al	DOV6	a-named corpo	oration submits this statement for the			s registered
office or i	registered agent, or both, in the S	tate of Florida, Such change was	authorize	d by	the corporation	oration submits this statement for the on's board of directors. I hereby acce	opt the a	ppointment as r	registered
ł	in raminal with, and Boocht the o	pligations of Section 601.0000, in	ionda otat	uica	.				
SIGNATURE	Signature, typied or printed name of registers	d agent and title if applicable (NO	TE Registered	d Age	ol signature required	d when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS A		
TITLE	Ab	DELETE	1.1 70					L Change	Addition :
NAME SCHIFFER, RODNEY M.		TE 100	1.2 NAME];
STREET ADDRESS 212 SOUTH CENTRAL SUITE 10 ST LOUIS MO		1E 100			ADDRESS				Į,
CITY-ST-ZIP	PD PD	DELETE	1.4 CITY-ST-		T-ZIP			Change	Addition
TITLE NAME	SCHIFFER, LAURENCE A	C) ottelt	DELETE 2.1 TITLE					First Custific	C Yournou I
STREET ADDRESS	212 SOUTH CENTRAL, SU	ITE 100	2.3 STRE		ADDDECO				
CITY-ST-ZIP	ST LOUIS MO	,,_ ,,_	2.3 51						
TITLE	SCO	DELETE	3.1 Til		31 - ZIF			Change	Addition
NAME	LOVE, ANDREW S., JR.	·	3.2 NA						
STREET ADDRESS 212 SOUTH CENTRAL, SUITE 10		ITE 100			ADORESS				
CITY-ST-ZIP	ST LOUIS MO		3.4. C	ITY-S	ST - ZIP				
TITLE	AST	☐ DELETE	4 1 11	TLE				Change	Addition
NAME	CLEMENT, GLORIA D.	***	4. 2 N	AME					
STREET ADDRESS 212 SOUTH CENTRAL SUITE 100		TE 100	4.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	ST LOUIS MO		4.4 CI		I-ZIP				
TITLE	AT KOVARIK, ANNETTE	☐ DELETE	5.1 711					Change	☐ Addition
NAME		TE 100	5.2 NA		*********				1
STREET ADDRESS 212 SOUTH CENTRAL SUITE 10 CITY-ST-ZIP ST LOUIS MO		IE IW	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	OI EODIO IIIO	DELETE	5.4 CI 6.1 TII		1- /IP			Change	Addition
NAME		☐ DETER	6.2 NA					□1 countries	
STREET ADDRESS					ADDRESS				
			•					*	
CITY-ST-ZIP	by cartify that the information sup	plied with this tiling does not qual	6.4 Ci			in Section 119 07/3\/i). Florida Statut	os I furti	an certify that t	ibo

I do nereby 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.

+ Glocia D. Clement glister

314 512-8711