

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 # 447446 (6)

1. Corporation Name

SOUTHLAND FORMING, INC.



Principal Place of Business

Mailing Address

3939 S. CONGRESS AVE.
SUITE # 103
LAKE WORTH FL 33461

3939 S. CONGRESS AVE.
SUITE # 103
LAKE WORTH FL 33461

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON (GEORGE A)
663 SE 10TH ST.
DEERFIELD BEACH FL 33441

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PP
WHITESIDE DARRELL
5173 WOODLAND SR.
DELRAY BCH, FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V
WALKER, RICHARD
237 NE 42ND COURT
POMPAÑO BEACH FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
WHITESIDE, DARRELL
5173 WOODLAND DRIVE
DELRAY BEACH FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
WHITESIDE ANDREW
6339 LACOSTA DR., APT. E
BOCA RATON FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AS
WHITESIDE, ANDREW
660 SAND PINE CIRCLE
DEERFIELD BEACH FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

EVPT
WHITESIDE MARY K.
847 DIXIE AVE.
MADISON GA

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

VP
Hinson, Richard D.
P.O. Box 23
Altha, FL 32421 (N/A)

☐ Change ☒ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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-05/15/96--01004--010
***200.00

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)(k), 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:

Darrell Whiteside

Darrell Whiteside

4/16/96

407-968-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Company Phone #

CR2E034 (12/95)

25/1/96