

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90432 010 ***150.00

DOCUMENT # 459618

1. Entity Name
SOUTHERN SYSTEM ENTERPRISES, INC.

Principal Place of Business 011-A WEST 23RD ST. P.O. BOX 2493 PANAMA CITY FL 32405	Mailing Address 011-A WEST 23RD ST. P.O. BOX 2493 PANAMA CITY FL 32405-4553
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1001 E. BUSINESS HWY 98	3. Mailing Address 1001 E. BUSINESS HWY 98
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PANAMA CITY, FL	City & State PANAMA CITY, FL
Zip 32401	Country USA

4. FEI Number 59-1559678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CRISP, DONALD R.
 011-A WEST 23RD ST.
 PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name: **DONALD K. CRISP**
 Street Address (P.O. Box Number is Not Acceptable): **1001 E. BUSINESS HWY 98**
 City: **PANAMA CITY** FL Zip Code: **32401**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRISP, DONALD R. 011 C W. 23RD ST PANAMA CITY FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONALD K. CRISP 1001 E. BUSINESS HWY 98 PANAMA CITY, FL 32401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MEDLOCK, G. WILLIAM 011 WEST 23RD ST. PANAMA CITY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILLIAM G. MEDLOCK 1001 E. BUSINESS HWY 98 PANAMA CITY, FL 32401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRISP, JR., D. RAY 011 C W. 23RD ST PANAMA CITY FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD D. RAY CRISP, JR. 1001 E. BUSINESS HWY 98 PANAMA CITY, FL 32401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: _____ 4/4/01 854/763-7399
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)