

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **556608** (8)

1. Corporation Name

SOUTHERN AUTOMATICS, INC.

Principal Place of Business

**2855 BROOKS ST
P O DRAWER D
EATON PARK FL 33840**

Mailing Address:

**2855 BROOKS ST
P O DRAWER D
EATON PARK FL 33840**



2. Principal Place of Business

21 2701 SO. COMBEE ROAD

Suite, Apt. #, etc.

22

City & State

23 LAKELAND, FL

Zip

24 33801

Country

25

2a. Mailing Address

26 P.O. DRAWER D

Suite, Apt. #, etc.

27

City & State

28 EATON PARK, FL

Zip

29 33840

Country

30

3. Date Incorporated or Qualified

12/30/1977

3a. Date of Last Report

01/30/1995

4. FEI Number

59-1839829

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

9. Name and Address of Current Registered Agent

**HUGH J. OGLESBY
2855 BROOKS RD.
LAKELAND FL 33802**

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

HUGH J. OGLESBY

Signature typed or printed name of registered agent and the filer (if applicable)

(NOTE: Registered Agent signature required when re-registering)

7/05/96

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**ST
OGLESBY, H R
2931 ELIZABETH PL
LAKELAND, FL 00000**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD
OGLESBY, HUGH J
2931 ELIZABETH PL
LAKELAND, FL 00000**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DVP
OGLESBY, SCOTT
1610 HIBISCUS STREET
BARTOW FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/05/96

Date

(941) 665-1633

Telephone Number

CR2E034 (3/96)