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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **558596** **(3)**

1. Corporation Name
SOUTHERN BUSINESS GROUP, INC.

Principal Place of Business	Mailing Address
455 S. ORANGE AVENUE SUITE 700 ORLANDO FL 32801 US	455 S. ORANGE AVENUE SUITE 700 ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1978

4. FEI Number: 59-2216411 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 258 SOUTHHALL LANE	26 258 SOUTHHALL LANE
Suite, Apt. #, etc. 22 300	Suite, Apt. #, etc. 27 300
City & State 23 MAITLAND FL	City & State 28 MAITLAND FL
Zip / Country 24 32751 / 25 ORANGE	Zip / Country 29 32751 / 30 ORANGE

9. Name and Address of Current Registered Agent

HIGGINS, JOHN
455 S. ORANGE AVENUE
SUITE 700
ORLANDO FL 32801

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable): 258 SOUTHHALL LANE SUITE 300

B3

B4 City: MAITLAND **FL** B5 Zip Code: 32751

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: X John J. Higgins JOHN J. HIGGINS 1-17-98
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PM	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	HIGGINS, JOHN		1.2 NAME		
STREET ADDRESS	455 S. ORANGE AVE #700		1.3 STREET ADDRESS	258 SOUTHHALL LANE STE 300	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	VTD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HIGGINS, MARGARET		2.2 NAME		
STREET ADDRESS	455 S. ORANGE AVE #700		2.3 STREET ADDRESS	258 SOUTHHALL LANE SUITE 300	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE	SD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DENMON, JULIE		3.2 NAME		
STREET ADDRESS	455 S. ORANGE AVE #700		3.3 STREET ADDRESS	258 SOUTHHALL LANE SUITE 300	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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: X John J. Higgins JOHN J. HIGGINS 1-17-98 407-839-3000