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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 596535 (5)
1. Corporation Name
SOUTHERN ORNAMENTALS, INC.



Principal Place of Business
D/B/A SANTA'S PLACE
101 S. FIRST STREET
HARLAN KY 40831
US

Mailing Address
101 S. FIRST STREET
HARLAN KY 40831-2317
US

3. Date Incorporated or Qualified
12/06/1978

3a. Date of Last Report
04/30/1996

4. FEI Number
59-1865763

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 120 EAST CENTRAL STREET
City & State
23 HARLAN KY
Zip
24 40831
Country
25 USA

2a. Mailing Address
26 Suite, Apt. #, etc.
27 120 EAST CENTRAL STREET
City & State
28 HARLAN KY
Zip
29 40831
Country
30 USA

9. Name and Address of Current Registered Agent

BENNETT, RUBY R.
3469 W. BOYNTON BEACH BLVD, SUITE 15A
GREENTREE PLAZA II
BOYNTON BEACH FL 33438

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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	DELETE
PD	BENNETT, RUBY	3469 W. BOYNTON BEACH BLVD., SUITE 15A	BOYNTON BEACH FL	<input type="checkbox"/>
S	ROWE, MONA	HIGHWAY 119	TOTZ KY	<input type="checkbox"/>
T	BENNETT, MARY E	113 WOODLAND HILLS	HARLAN KY	<input type="checkbox"/>
V	BENNETT, BENJAMIN R	113 WOODLAND HILLS	HARLAN KY	<input type="checkbox"/>
AS	BENNETT, SARAH J	101 S FIRST ST	HARLAN KY	<input type="checkbox"/>
AS	ROWE, ALBERT E	101 S FIRST ST	HARLAN KY	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

0508058