

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
120 EAST CENTRAL STREET  
HARLAN KY 40631  
US

Mailing Address  
101 S. FIRST STREET  
120 EAST CENTRAL STREET  
HARLAN KY 40631  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/06/1978

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-1865763		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BENNETT, RUBY R.  
3469 W. BOYNTON BEACH BLVD, SUITE 15A  
GREENTREE PLAZA II  
BOYNTON BEACH FL 33436

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

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	PD	<input type="checkbox"/> DELETE
NAME	BENNETT, RUBY	
STREET ADDRESS	3469 W. BOYNTON BEACH BLVD., SUITE 15A	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROWE, MONA	
STREET ADDRESS	96 WARREN ROAD	
CITY-ST-ZIP	CUMBERLAND KY	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	BENNETT, MARY E	
STREET ADDRESS	120 EAST CENTRAL STREET	
CITY-ST-ZIP	HARLAN KY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BENNETT, BENJAMIN R	
STREET ADDRESS	120 EAST CENTRAL STREET	
CITY-ST-ZIP	HARLAN KY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BENNETT, SARAH J	
STREET ADDRESS	120 EAST CENTRAL STREET	
CITY-ST-ZIP	HARLAN KY	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	ROWE, ALBERT E	
STREET ADDRESS	120 EAST CENTRAL STREET	
CITY-ST-ZIP	HARLAN KY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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.

CR2E034 (10/97)