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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 627467 1. Corporation Name

REGION SOUTH ENTERPRISES, INC.

Principal Place of Business 1070 BUNNELL ROAD ALTAMONTE SPRINGS FL 32714 Mailing Address

1070 BUNNELL ROAD

ALTAMONTE SPRINGS FL 32714

FILED Jan 23, 1999 8:00am Secretary of State

01-23-1999 90048 037 ***150.00



DO NOT WRITE IN THIS SPACE

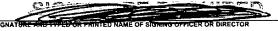
3. Date Incorporated or Qualifed

07/01/1979

| 2. Principal P | Place of Business | 2a. Mailing Address | | | 4. FEI Number | App | olied For |
|---|--|-----------------------------------|-------------------------|---|--|------------|------------|
| 21 | | 26 | | 59-1916815 | Not | Applicable | |
| | | Suite, Apt. #, etc. | #, etc. | | 5. Certificate of Status Desired | \$8.75 A | dditional |
| 22 | 27 | | | | 5. Certifcate of Status Desired | Fee Re | quired |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 | Mav Be |
| 23 28 | | | | | Trust Fund Contribution | Added to | |
| Zip | Country Zip Cou | | Country | ' | 8. This corporation owes the current year in | tangible | |
| 24 | 25 | 25 29 30 | | | Personal Property Tax. ☐ Yes ☐ No | | |
| Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered | Agent | |
| | | | | Name | | | |
| WURST, ARNOLD | | | | 2 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 113 GREENLEAF LANE | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| ALTAMONTE SPRINGS FL 32701 | | | | l | | 4 1 4 | |
| | | | | | , | 4 1 1 2 | |
| | | | 84 | City | EI | 85 Zip C | ode |
| 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 | Signature, typed or printed name of registered agen | it and title if applicable. (NOTF | E: Registered Age | nt signature require | ed when reinstating) OATE | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | Change | ☐ Addition |
| NAME | WURST, ARNOLD | | 1.2 NAME | | | | } |
| STREET ADDRESS | A A APPENDENT FAR LANE | | 1.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | ALTAMONTE SPRGS. FL | | 1.4 CITY-S | T-ZIP | | | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | | 2.2 NAME | ļ | | | |
| STREET ADDRESS | | | 2.3 STREE | TADDRESS | | | |
| CITY-ST-ZIP | | | 2. 4 CITY-S | | | | |
| TITLE | | ☐ DELETE 3.1 TI | | 71-20 | | Change | Addition |
| NAME | <u>.</u> | | 3.2 NAME | | | | 1 |
| | | | | TADDRESS | | | |
| STREET ADDRESS | | | | i | | | _ , |
| CITY-ST-ZIP | | ☐ DELETE | 3.4. CITY-5 | 21-ZIP | | Change | ☐ Addition |
| TITLE | | LJ OCCUTE | 4.1 IIILE 4.2 NAME | | | | |
| NAME | | | | T 4000555 | • | | |
| STREET ADDRESS | | | | TADDRESS | | | |
| C/TY-ST-ZIP | | [] octate | 4.4 CITY-S | T- ZIP | | Change | Addition |
| TITLE | • | ☐ OELETE | 5.1 TITLE | | | □ cuange | - Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | 1 | | | TADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S 6.1 TITLE | T- ZIP | | | |
| TITLE | | | | | | Change | ☐ Addition |
| NAME | , | | 6.2 NAME | - | | | 1 |
| STREET ADDRESS | | | 6.3 STREE | TADDRESS | | | 1 |
| CITY-ST-ZIP | The state of the s | | 6.4 CITY-S | T-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, with all other like empowered.

SIGNATURE:



99 407-869-6654

;R2E034 (11/98)