


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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90020 011 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 642068</b>			
1. Corporation Name <b>SOUTHERN PROTECTIVE HOLDING COMPANY</b>			
Principal Place of Business 1725 MEMORIAL PARK DR JACKSONVILLE FL 32204		Mailing Address 1725 MEMORIAL PARK DR JACKSONVILLE FL 32204	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent <b>MCRAE, WALTER A JR</b> <b>1725 MEMORIAL PARK DR</b> <b>JACKSONVILLE FL 32204-4117</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, SARA D	1.2 NAME	
STREET ADDRESS	3787 ORTEGA BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, PATRICIA M	2.2 NAME	
STREET ADDRESS	8454 WEATHERLY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIGER, STEWART R	3.2 NAME	
STREET ADDRESS	1725 MEMORIAL PARK DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, HENRY H JR	4.2 NAME	
STREET ADDRESS	701 FISK STREET SUITE 310	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCRAE, WALTER A. J	5.2 NAME	MCRAE JR, WALTER A
STREET ADDRESS	1725 MEMORIAL PARK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204-4117	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHENY, LAWRENCE M	6.2 NAME	
STREET ADDRESS	701 FISK ST, #310A	6.3 STREET ADDRESS	701 FISK ST, SUITE 310
CITY-ST-ZIP	JACKSONVILLE FL 32204	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, with all other like empowered.

**SIGNATURE:**

*Stewart R. Geiger*

STEWART R. GEIGER, TREASURER

1/8/99

904 354-1069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)