

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 670725 (1)

1. Corporation Name

OLD SOUTH DEVELOPMENT CORP.



Principal Place of Business

RT. 2 BOX 1125
CALLAHAN FL 32011

Mailing Address

P. O. BOX 633
CALLAHAN FL 32011

3. Date Incorporated or Qualified
05/12/1980

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2018251

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

g. Name and Address of Current Registered Agent

METCALF, FRANK B
1329 KINGSLEY AVE.
ORANGE PARK FL 32067

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 re-registering)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
DOVER, WESLEY G
RT. 2 BOX 1125
CALLAHAN FL 32011

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
DOVER, BRAD WESLEY
RT. 2 BOX 1125
CALLAHAN FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
DOVER, SHARON B
RT. 2 BOX 1125
CALLAHAN FL 32011

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
DOVER, BRIAN GEROME
RT. 2 BOX 1125
CALLAHAN FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 (12/95)