

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

PROFIT
CORPORATION
ANNUAL REPORT

1999-2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -8 AM 10:55

DOCUMENT # 824991

1. Corporation Name

SOUTH PROPERTIES, INC. OF ILLINOIS

Principal Place of Business

ALGONQUIN RD. 7TH FL
MEADOWS IL 60008

Mailing Address

3501 ALGONQUIN RD. 7TH FL
ROLLING MEADOWS IL 60008
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1970

4. FEI Number

36-2255947

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

Zip

Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MOORE, WILLIAM B	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	GANNON, KATHLEEN R	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BINDLEY, THOMAS L	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WESTOVER, FRANK T.	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHELBERG, BRUCE S.	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ISZCUK, OLGA	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	

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	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Claussen, Ronn L.	
2.3 STREET ADDRESS	3501 Algonquin Rd.	
2.4 CITY-ST-ZIP	Rolling Meadows, IL 60008	
3.1 TITLE	AV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Howard, Michael L.	
3.3 STREET ADDRESS	3501 Algonquin Rd.	
3.4 CITY-ST-ZIP	Rolling Meadows, IL 60008	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ellen, Martin M.	
4.3 STREET ADDRESS	3501 Algonquin Rd.	
4.4 CITY-ST-ZIP	Rolling Meadows, IL 60008	
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, with all other like empowered.

SIGNATURE:

Michael L. Howard

Date

Daytime Phone #

0527879

SOUTH PROPERTIES, INC.

Directors and Officers as of March 14, 2000.

DIRECTORS

Bruce S. Chelberg
Steven R. Andrews
Martin M. Ellen

OFFICERS

Bruce S. Chelberg	President
Martin M. Ellen	Vice President
Steven R. Andrews	Vice President and Secretary
Ronn L. Claussen	Vice President and Treasurer
Michael L. Howard	Assistant Vice President-Taxes
Elizabeth D. Rickher	Assistant Secretary



Pepsi-Cola General Bottlers, Inc.

A Whitman Company

III Crossroads of Commerce
3501 Algonquin Road
Rolling Meadows, IL 60008-3103
(847) 253-1000

VIA FEDERAL EXPRESS

April 28, 2000

Annual Report Filings
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Environ of Inverrary, Inc. FEIN: 36-2873872
South Properties, Inc. FEIN: 36-2255947

Dear Madam or Sir:

The above referenced corporations have not received their preprinted annual report forms for 2000. Per a conversation with your office on April 25, you have indicated that blank forms will be mailed. Upon receipt of the forms you advised us to file these forms with a letter of explanation to avoid any penalties.

To date we have not received the blank forms. In show of good faith compliance we enclose the following:

1. Prior Year Annual Reports
2. Two checks for \$150 representing the annual fee due for each corporation.
3. A current list of officers for each corporation.

The remaining information (registered agent etc.) has not changed since last year. We will file the new forms as soon as we receive them.

If we may be of any further assistance please feel free to contact me directly at (847)818-3530.

Sincerely,

Steve Rogers
Senior Tax Analysis

Cc: Julie Ann Martens