

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 # F60362 (3)

1. Corporation Name

SOUTHERN STRUCTURES MANAGEMENT, INC.



Principal Place of Business

% HUGH A. STUMP, JR.
3101 S.W. 3RD ST.
OCALA FL 32674

Mailing Address

% HUGH A. STUMP, JR.
3101 S.W. 3RD ST.
OCALA FL 32674

2. Principal Place of Business

21 334 Cypress Road

22 Suite, Apt. #, etc.

23 City & State

23 Ocala, FL

24 Zip

24 34472

25 Country

25 USA

2a. Mailing Address

26 334 Cypress Road

27 Suite, Apt. #, etc.

28 City & State

28 Ocala, FL

29 Zip

29 34472

30 Country

30 USA

3. Date Incorporated or Qualified

12/30/1981

3a. Date of Last Report

04/05/1995

4. FEI Number

59-2364800

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STUMP, HUGH A., JR.
~~3101 S.W. 3RD ST.~~
~~OCALA FL 32674~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

334 Cypress Road

83

84 City

FL

85

Zip Code
34472

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 or director, as applicable

(NOTE: Registered Agent's signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STUMP, HUGH A., JR.
STREET ADDRESS ~~3101 S.W. 3RD ST.~~
CITY-ST-ZIP ~~OCALA FL~~

☐ DELETE

TITLE D
NAME STUMP, PATRICIA A.
STREET ADDRESS ~~3101 S.W. 3RD ST.~~
CITY-ST-ZIP ~~OCALA FL~~

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

334 Cypress Road

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

334 Cypress Road

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐

Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐

Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐

Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐

Change ☐ Addition

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

Hugh A. Stump, Jr. 04/30/96

(352)680-1911

CR2E034 (12/95)