

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004790 (2)

1. Corporation Name
SOUTH GULF INC.

Principal Place of Business

1813 JOHN SIMS PKWY
SUITE #4
NICEVILLE KY 32578
US

Mailing Address

P.O. BOX 488
NICEVILLE FL 32588-0488



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Rt 1 Box 94		26 PO Box 605		10/22/1993	
22 Suite, Apt. #, etc. SON IN LAW RD		27 Suite, Apt. #, etc.		4. FEI Number 61-1076544	
23 City & State BONIFAY FL		28 City & State BONIFAY FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Zip 32425		29 Country USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

COOPER, GLENDA
1709 18TH ST.
NICEVILLE FL 32578

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

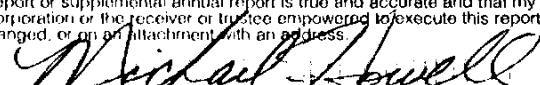
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	PRESIDENT
NAME	MC GEE, DAVID L	1.2 NAME	MICHAEL HOWELL
STREET ADDRESS	1909 CEDAR RIDGE RD	1.3 STREET ADDRESS	RT 1 BOX 94
CITY-ST-ZIP	BOWLING GREEN KY	1.4 CITY-ST-ZIP	BONIFAY FL 32425
TITLE	S	2.1 TITLE	
NAME	COOPER, GLENDA	2.2 NAME	
STREET ADDRESS	1709 18TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/98

502 773-3788

Date

Daytime Phone #

0515082

CR2E034 (1097)