

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 APR 28 PM 6:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000344 (1)

1. Corporation Name

SOUTHPORT INVESTORS, INC.

Principal Place of Business

Mailing Address

2507 POST ROAD
SOUTHPORT CT 06490

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SOUTHPORT CT 06490

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

01/24/1994

4. FEI Number

Applied For

06-1274634

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 has liability for intangible tax under § 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, RONALD N
SUITE 240
8160 BAYMEADOWS WAY WEST
JACKSONVILLE FL 32256

81 Name

Dennis Sandidge

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

40 Trend Management, Inc.

83

33920 U.S. 19 North

84

Palm Harbor

FL

85

Zip Code

34684

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

Dennis Sandidge - Dennis Sandidge

4-13-95

(Signature, typed or printed name of registered agent and if applicable)

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WILBUR, E P
STREET ADDRESS	2507 POST ROAD
CITY - ST - ZIP	SOUTHPORT CT 06490
TITLE	VAT
NAME	HAZEN, WENDY F
STREET ADDRESS	2507 POST ROAD
CITY - ST - ZIP	SOUTHPORT CT 06490
TITLE	VS
NAME	VAUGHAN, C W
STREET ADDRESS	2507 POST ROAD
CITY - ST - ZIP	SOUTHPORT CT 06490
TITLE	VTAS
NAME	JACKSON, ANNE R
STREET ADDRESS	2507 POST ROAD
CITY - ST - ZIP	SOUTHPORT CT 06490
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	Asst Secretary	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	Asst Treasurer	☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Delete	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	Exec V.P., Treasurer, Asst Secretary	☒ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	President	☐ Change ☒ Addition
5.2 NAME	William J. Ulm	
5.3 STREET ADDRESS	1925 Copper Oaks Circle	
5.4 CITY - ST - ZIP	Blue Springs, MO. 64015	
6.1 TITLE	Exec V.P. / Secretary	☐ Change ☒ Addition
6.2 NAME	Clarine Kay Monette	
6.3 STREET ADDRESS	1925 Copper Oaks Circle	
6.4 CITY - ST - ZIP	Blue Springs, MO. 64015	

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 110.07(3)(b), 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:

Wendy F. Hazen

4/24/95

203-255-3434

(Signature and typed name of signing officer or director)

Date

(Telephone Number)