FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000504 (0)**

1. Corporation Name
SOUTH PASS CORPORATION

Principal Place of Business	Mailing Address
C/O CASE POMEROY PROPERTIES 649 5TH AVENUE SOUTH NAPLES FL 33940	C/O CASE POMEROY PROPERTIES 649 5TH AVENUE SOUTH NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report:

2. Principal Place of Business
21 *10407 Centurion Pky North*
Suite, Apt. #, etc.
22 *Suite 108*
City & State
23 *Jacksonville, FL*
Zip 24 *32256* Country 25

2a. Mailing Address
26 *10407 Centurion Pky North*
Suite, Apt. #, etc.
27 *Suite 108*
City & State
28 *Jacksonville, FL*
Zip 29 *32256* Country 30

4. FEI Number: 65-0461274 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	MCNEILL, DOUGLAS W	12 NAME	
STREET ADDRESS	649 5TH AVENUE SOUTH	13 STREET ADDRESS	*10407 Centurion Parkway North,Suite 108*
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	*Jacksonville, FL 32256*
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	KEITH III, DOUGLAS B	22 NAME	
STREET ADDRESS	649 5TH AVENUE SOUTH	23 STREET ADDRESS	*10407 Centurion Parkway North,Suite 108*
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	*Jacksonville, FL 32256*
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	KEITH III, DOUGLAS B	32 NAME	
STREET ADDRESS	649 5TH AVENUE SOUTH	33 STREET ADDRESS	*Delete*
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	WAILAND, ADELEAS R	42 NAME	
STREET ADDRESS	649 5TH AVENUE SOUTH	43 STREET ADDRESS	*10407 Centurion Parkway North,Suite 108*
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	*Jacksonville, FL 32256*
TITLE	TD	51 TITLE	☒ Change ☐ Addition
NAME	LISTA, FELIX M	52 NAME	
STREET ADDRESS	649 5TH AVENUE SOUTH	53 STREET ADDRESS	*10407 Centurion Parkway North,Suite 108*
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	*Jacksonville, FL 32256*
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Douglas W. McNeill 4-24-95 (904) 646-4022
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0326600 CP