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FILED  
May 15 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 # F94000000504 (0)

1. Corporation Name

SOUTH PASS CORPORATION



Principal Place of Business

10407 CENTURION PKY NORTH  
SUITE 108  
JACKSONVILLE FL 32256  
US

Mailing Address

10407 CENTURION PKY NORTH  
SUITE 108  
JACKSONVILLE FL 32256  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1994

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE

NAME MCNEILL, DOUGLAS W  
STREET ADDRESS 10407 CENTURION PARKWAY NORTH, SUITE 108  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE

NAME KEITH III, DOUGLAS B  
STREET ADDRESS 10407 CENTURION PARKWAY NORTH, SUITE 108  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE

NAME WAILAND, ADELEAS R  
STREET ADDRESS 10407 CENTURION PARKWAY NORTH, SUITE 108  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE

NAME LISTA, FELIX M  
STREET ADDRESS 10407 CENTURION PARKWAY NORTH, SUITE 108  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VAS ☐ DELETE

NAME CUBBAGE, GILBERT G  
STREET ADDRESS 10407 CENTURION PARKWAY N STE 108  
CITY-ST-ZIP JACKSONVILLE FL

TITLE AS ☐ DELETE

NAME LYNN, SHARON A  
STREET ADDRESS 10407 CENTURION PKWY N STE 108  
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

*Douglas W McNeill*

CR2E034 (10/97)