

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006058 (1)

1. Corporation Name

SOUTHLAND DEVELOPMENT AND CONSTRUCTION, INC.



Principal Place of Business

C/O H.I. HOLT, CPA
P.O. BOX 226
LAUREL MS 39441

Mailing Address

C/O H.I. HOLT, CPA
P.O. BOX 226
LAUREL MS 39441

2. Principal Place of Business

2a. Mailing Address

21 Southland Dev & Constr Inc

26 Southland Dev & Constr Inc

Suite, Apt. #, etc

Suite, Apt. #, etc

22 P O Box 11305

27 P O Box 11305

City & State

City & State

23 Pensacola FL

28 Pensacola FL

Zip

Zip

Country

Country

24 32524-1305

25 Escambia

29 32524-1305

30 Escambia

9. Name and Address of Current Registered Agent

SHOWS, WILLIAM H
4518 SEHOY CRICLE
PENSACOLA FL 32504

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 607.1504, 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: *William H. Shows*

William H. Shows President

3-13-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
PC	SHOWS, WILLIAM H	4518 SEHOY CIRCLE	PENSACOLA FL 32504	☐
SD	SHOWS, JACQUELINE	4518 SEHOY CIRCLE	PENSACOLA FL 32504	☐
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE	Change	Addition
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3-27-96

14. I do hereby certify that the information supplied on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(a), 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 treasurer 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: *William H. Shows*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

(404) 857-7799

Printed Name

CR2E034 (12/95)