

FILED

10/2

97 JUL 17 AM 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JUL 17 AM 5:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F94000000W53 1. Corporation Name SOUTHERN COTTAGE CO.					
Principal Place of Business 237 MAGNOLIA ST SANTA ROSA BCH FL 32459		Mailing Address P.O. BOX 2095 SANTA ROSA BCH FL 32459		3. Date Incorporated or Qualified 8-22-94 3a. Date of Last Report 1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 58-2124938	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country		29. Country		30. Country	
9. Name and Address of Current Registered Agent BOB W. DEAN 237 MAGNOLIA ST. SANTA ROSA BCH FL 32459			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.			81. Name		
SIGNATURE: Bob W. Dean			82. Street Address (P.O. Box Number is Not Acceptable)		
6-27-97			83.		
12. PRESIDENT AND DIRECTORS			84. City		
1.1 TITLE BOB W. DEAN <input type="checkbox"/> DELETE			85. Zip Code		
1.2 NAME 237 MAGNOLIA ST			FL		
1.3 STREET ADDRESS SRB FL 32459					
1.4 CITY-ST-ZIP					
2.1 TITLE SEC-Treas <input type="checkbox"/> DELETE					
2.2 NAME PATI. DEAN					
2.3 STREET ADDRESS 237 MAGNOLIA ST					
2.4 CITY-ST-ZIP SRB FL 32459 <input type="checkbox"/> DELETE					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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 in an attachment with an address.					
SIGNATURE: Bob W. Dean Bob W. DEAN 6-27-97 231-1686					



Southern Cottage Company

237 Magnolia St.
Grayton Beach, FL 32459
(904) 231-1686

20f2

JUNE 27, 1997

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

DEAR MADAM/SIR:

ENCLOSED IS MY 1997 ANNUAL REPORT AND CHECK. I DID NOT RECEIVE A PREPRINT FORM THIS YEAR AND I DID NOT REALIZE THAT I HAD NOT FILED AS REQUIRED UNTIL I WAS INVOLVED IN A LOAN CLOSING FOR MY FIRST BUILDING PROJECT. MY COMPANY IS VERY SMALL AND JUST TRYING TO GET STARTED, SO I DO NOT HAVE ANY CLERICAL EMPLOYEES.

I WOULD LIKE TO RESPECTFULLY REQUEST THAT THE PENALTY NOT BE LEVIED SINCE I DID NOT RECEIVE THE PREPRINTED FORM AS USUAL.

THANK YOU VERY MUCH FOR YOUR CONSIDERATION AND ASSISTANCE.

SINCERELY,

BOB W. DEAN