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 12 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006387 (4)**

1. Corporation Name
SOUTHERN CONSOLIDATED SERVICES, INC.

Principal Place of Business	Mailing Address
330 SHIPYARD BLVD. WILMINGTON NC 28412	330 SHIPYARD BLVD. WILMINGTON NC 28412

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/14/1994**
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **56-1874513** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EMERSON JR, WILLIAM P	12 NAME	
STREET ADDRESS	330 SHIPYARD BLVD.	13 STREET ADDRESS	
CITY ST ZIP	WILMINGTON NC	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	RUFFIN JR, PETER B	22 NAME	500001 455345
STREET ADDRESS	330 SHIPYARD BLVD.	23 STREET ADDRESS	-04/13/95--01017--020
CITY ST ZIP	WILMINGTON NC	24 CITY ST ZIP	****400.00 ****200.00
TITLE	VTD	31 TITLE	☐ Change ☐ Addition
NAME	HUTCHENS, ROBERT F	32 NAME	
STREET ADDRESS	330 SHIPYARD BLVD.	33 STREET ADDRESS	
CITY ST ZIP	WILMINGTON NC	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	EGGELING, HANS J	42 NAME	
STREET ADDRESS	1000 SOUTH AVENUE PLAZA, STE LL1	43 STREET ADDRESS	
CITY ST ZIP	STATEN ISLAND NY	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	EARNHARDT, STEVEN A	52 NAME	
STREET ADDRESS	2001 OLD GREENBRIER ROAD	53 STREET ADDRESS	
CITY ST ZIP	CHESAPEAKE VA	54 CITY ST ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	GARETSON, ROBERT B	62 NAME	
STREET ADDRESS	5757 W. CENTURY BLVD., STE 700	63 STREET ADDRESS	
CITY ST ZIP	LOS ANGELES CA	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: Robert F. Hutchens CFO 1-17-95 910 392 82-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert F. Hutchens

0466602 FN