

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

Country

29 Zip

Country

25

30

3. Date Incorporated or Qualified

12/14/1994

3a. Date of Last Report

04/12/1995

4. FFI Number

56-1874513

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

DAMASIO, ANGELA C
1703 NORTHWEST 79TH AVENUE
MIAMI FL 33126

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME EMERSON JR, WILLIAM P
STREET ADDRESS 330 SHIPYARD BLVD.
CITY-ST-ZIP WILMINGTON NC ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD
NAME RUFFIN JR, PETER B
STREET ADDRESS 330 SHIPYARD BLVD.
CITY-ST-ZIP WILMINGTON NC ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VTD
NAME HUTCHENS, ROBERT F
STREET ADDRESS 330 SHIPYARD BLVD.
CITY-ST-ZIP WILMINGTON NC ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME EGGLING, HANS J
STREET ADDRESS 1000 SOUTH AVENUE PLAZA, STE LL1
CITY-ST-ZIP STATEN ISLAND NY ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME EARNHARDT, STEVEN A
STREET ADDRESS 2001 OLD GREENBRIER ROAD
CITY-ST-ZIP CHESAPEAKE VA ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE V
NAME GARETSON, ROBERT B
STREET ADDRESS 5757 W. CENTURY BLVD., STE 700
CITY-ST-ZIP LOS ANGELES CA ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

38 Romney Street
Charleston, SC 29403

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert F. Hutchens, CEO & VP

3-15-96

910-392-8210

Date

Daytime Phone #

CR2E034 (12/95)