

5-2-97 B-1095 C
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FILED
 May 02 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000001441 (3)
 1. Corporation Name
SNS SOUTHERN, INC.



Principal Place of Business: P.O. BOX 1143 TIFTON GA 31793
 Mailing Address: P.O. BOX 1143 TIFTON GA 31793-1143

3. Date Incorporated or Qualified: 03/24/1995
 3a. Date of Last Report: 01/25/1996
 4. FEI Number: 58-2096140
 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

2. Principal Place of Business: 21 1605 U. S. Hwy 82 West
 Suite, Apt. #, etc.:
 22 City & State: 23 Tifton, Georgia
 Zip: 24 31794 Country: 25 U. S.
 2a. Mailing Address: 26 Suite, Apt. #, etc.:
 27 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STAFFORD, DENEAN III	
STREET ADDRESS	HWY. 82 WEST	
CITY-ST-ZIP	TIFTON GA 31794	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, RANDALL	
STREET ADDRESS	HWY. 82 WEST	
CITY-ST-ZIP	TIFTON GA 31794	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ARNOLD, W H JR	
STREET ADDRESS	HWY. 82 WEST	
CITY-ST-ZIP	TIFTON GA 31794	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stafford, DeNean, Jr.	
2.3 STREET ADDRESS	Fulwood Blvd	
2.4 CITY-ST-ZIP	Tifton, GA 31794	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Arnold, W. H., Jr.	
3.3 STREET ADDRESS	207 Adams Road	
3.4 CITY-ST-ZIP	Chula, GA 31733	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jones, Frank J., Jr.	
4.3 STREET ADDRESS	49 Pearman Road	
4.4 CITY-ST-ZIP	Chula, GA 31733	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE: _____ 4/11/97 (912) 381-0550

CR2E034 (9/96)