

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002853 (8)
1. Corporation Name
SO. RECAPS, INC.

Principal Place of Business P.O. BOX 1807 MOULTRIE GA 31776	Mailing Address P.O. BOX 1807 MOULTRIE GA 31776
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/13/1995	4. FEI Number 58-1270437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 290-B Harper Blvd Suite, Apt. #, etc. 22 City & State 23 Zip 31768 Country	2a. Mailing Address 26 P.O. Box 1627 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent COOPER, ROBERT L 5008-1 RICHARD LANE JACKSONVILLE FL 32216	
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10. Name and Address of New Registered Agent 81 Name Jeffery B. Cooper 82 Street Address (P.O. Box Number is Not Acceptable) 10100 Bay Meadows Rd Apt 111 83 84 City Jacksonville FL 85 Zip Code 32256	
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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 *Jeffery B. Cooper* DATE 4-24-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P WATTS III, HOWARD W STREET ADDRESS RT #2 BOX 253 CITY-ST-ZIP SUMMERVILLE SC
TITLE	V COOPER, HUGH D STREET ADDRESS 102 REEDY RD. CITY-ST-ZIP MOULTRIE GA
TITLE	ST COOPER, WILLIS E STREET ADDRESS RT #4, DRYLAKE RD. CITY-ST-ZIP GUTMAN GA
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE

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	Sec. / Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cooper, Hugh D.
2.3 STREET ADDRESS	931 John Buck McCoy Rd
2.4 CITY-ST-ZIP	Moultrie, GA 31768
3.1 TITLE	Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cooper, Willis E.
3.3 STREET ADDRESS	Rt 2 Box 267
3.4 CITY-ST-ZIP	Gutman, GA 31643
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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; 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: *Willis E. Cooper* DATE: 3/24/98 912-985-5688

CR2E034 (10/97)