

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90379 021 ***150.00

DOCUMENT # F96612

1. Entity Name
SOUTHSIDE HOLDING, INC.



Principal Place of Business

P.O. BOX 7691
P.O. BOX 41222
JACKSONVILLE, FL 32238 US

Mailing Address

P.O. BOX 7691
JACKSONVILLE, FL 32238 US

DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3026504

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MILNE, DOUGLAS J.
4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSD
MILNE, DOUGLAS J.
4595 LEXINGTON AVE #100
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
ASHBY C.L.G.
1604 STOCKTON ST
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
HIGHTOWER, BEN
1514 NIRA ST
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
LEMMEL, DAVID
1303 PULLEN RD.
JACKSONVILLE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DS Milne* *DS MILNE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05
Date

904.387.5400
Daytime Phone #