

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90019 001 ***511.25

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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

66014891



04062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
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, 2007 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.E.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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *DJ MILNE*

4/25/07

904.387.7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #