

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90013 027 \*\*\*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

40100001



03072008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MILNE, DOUGLAS J.
STREET ADDRESS	4595 LEXINGTON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VD
NAME	ASHBY C.L.G.
STREET ADDRESS	1604 STOCKTON ST 1637 Beach Ave
CITY-ST-ZIP	JACKSONVILLE, FL Atlantic Bch FL 32233
TITLE	VTD
NAME	HIGHTOWER, BEN
STREET ADDRESS	1514 NIRA ST
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VD
NAME	LEMME, DAVID
STREET ADDRESS	1203 PULLEN RD. 4499 Limpkin Lane
CITY-ST-ZIP	JACKSONVILLE, FL FERNANDINA Bch FL 32034
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*DJ Milne* *DJ Milne* *4/29/08* *904.388.5400*