

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90134 025 \*\*\*150.00

**DOCUMENT # F97000000446**

1. Corporation Name

MIDSOUTH CAPITAL, INC.



Principal Place of Business

Mailing Address

3614 LANDMARK DR  
STE A  
COLUMBIA SC 29204  
US

PO BOX 61164  
COLUMBIA SC 29260-1164

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1997

4. FEI Number

57-0983535

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARD, J. MICHAEL  
1100 S. TAMiami TR., STE. 201  
SARASOTA FL 34236

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CSD ☒ DELETE  
NAME YORK, ROBERT E  
STREET ADDRESS 3031 SCOTSMAN DR.  
CITY-ST-ZIP COLUMBIA SC 29223

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PTD ☐ DELETE  
NAME GILBERT, BARTOW B JR.  
STREET ADDRESS 1122 LADY ST., STE. 800  
CITY-ST-ZIP COLUMBIA SC 29201

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME ASD  
2.3 STREET ADDRESS Gilbert, Bartow B. Jr.  
2.4 CITY-ST-ZIP 3614 LANDMARK Drive, Suite A  
Columbia, SC 29204

TITLE VD ☐ DELETE  
NAME WILMETH, LESTER P  
STREET ADDRESS 1122 LADY ST., STE. 800  
CITY-ST-ZIP COLUMBIA SC 29201

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME WILMETH, LESTER P  
3.3 STREET ADDRESS 3614 LANDMARK Drive, Suite A  
3.4 CITY-ST-ZIP Columbia SC 29204

TITLE D ☒ DELETE  
NAME BURNETTE, ROY B  
STREET ADDRESS 2801 BUFORD HWY., STE. T-30  
CITY-ST-ZIP ATLANTA GA 30329

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CALHOUN, ROGER J  
STREET ADDRESS 74 PERIMETER CENTER E., STE. 7400  
CITY-ST-ZIP ATLANTA GA 30346

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME CTD  
5.3 STREET ADDRESS Calhoun, Roger J.  
5.4 CITY-ST-ZIP 600 Village Trace, Suite 300  
Marietta, GA 30067

TITLE D ☒ DELETE  
NAME DEGENHART, PAUL V  
STREET ADDRESS 2805 MILLWOOD AVE.  
CITY-ST-ZIP COLUMBIA SC 29205

6.1 TITLE ☐ Change ☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)