

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000001546 (7)

1. Corporation Name

NEW SOUTH INVESTMENT CORP. OF ALABAMA

Principal Place of Business

40 ALCANIZ SOUTH
PENSACOLA FL 32501

Mailing Address

40 ALCANIZ SOUTH
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1997

4. FEI Number

68-0588367

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MASSEY, LINDA J
40 ALCANIZ SOUTH
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME CP
HUNTER, R.K.
STREET ADDRESS 115 SEAMARGE CIRCLE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ DELETE

NAME DV
HUNTER, MARTHA
STREET ADDRESS 115 SEAMARGE CIRCLE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☐ DELETE

NAME DVST
MASSEY, LINDA J
STREET ADDRESS 406 PORT ROYAL
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ DELETE

NAME D
JANIS, ROSE ANN
STREET ADDRESS 225 HOMESTEAD LANE
CITY-ST-ZIP CHARLOTTESVILLE VA 22902

TITLE ☒ DELETE

NAME D
TOWNSEND, FRED
STREET ADDRESS 11 COLE DR.
CITY-ST-ZIP WOLCOTT CT 06716

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME D
Donine Rodgers
1.3 STREET ADDRESS 5157 Hollow Log Lane
1.4 CITY-ST-ZIP Birmingham, AL 35244

2.1 TITLE ☐ Change ☒ Addition

NAME D
Tina Sturdevant
2.3 STREET ADDRESS 15038 Holleyside Drive
2.4 CITY-ST-ZIP Dumfries, VA 22026-3014

3.1 TITLE ☐ Change ☐ Addition

NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

CR2E034 (10/97)