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FILED

May 13 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 # F97000003754 (5)

1. Corporation Name

EASTGROUP PROPERTIES, INC.

Principal Place of Business

300 ONE JACKSON PLACE, 188 EAST CAPITOL ST
JACKSON MS 39201

Mailing Address

300 ONE JACKSON PLACE, 188 EAST CAPITOL ST
JACKSON MS 39201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1997

4. FEI Number

13-2711135

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

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 CEO
NAME SPEED, LELAND R
STREET ADDRESS 300 ONE JACKSON PLACE, 188 EAST CAPITOL ST
CITY-ST-ZIP JACKSON MS 39201

TITLE PD
NAME HOSTER, DAVID H II
STREET ADDRESS 300 ONE JACKSON PLACE, 188 EAST CAPITOL ST
CITY-ST-ZIP JACKSON MS 39201

TITLE CFOT
NAME MCKEY, N K
STREET ADDRESS 300 ONE JACKSON PLACE, 188 EAST CAPITOL ST
CITY-ST-ZIP JACKSON MS 39201

TITLE C
NAME HAYMAN, DIANE W
STREET ADDRESS 300 ONE JACKSON PLACE, 188 EAST CAPITOL ST
CITY-ST-ZIP JACKSON MS 39201

TITLE V
NAME LOEB, MARSHALL A
STREET ADDRESS 300 ONE JACKSON PLACE, 188 EAST CAPITOL ST
CITY-ST-ZIP JACKSON MS 39201

TITLE V
NAME PUCKETT, JANN W
STREET ADDRESS 300 ONE JACKSON PLACE, 188 EAST CAPITOL ST
CITY-ST-ZIP JACKSON MS 39201

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN & DIRECTOR ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE CEO, PRESIDENT ☒ Change ☐ Addition

2.2 NAME & DIRECTOR

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE VICE PRESIDENT & ☒ Change ☐ Addition

4.2 NAME CONTROLLER

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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.

SIGNATURE *Diann W. Hayman* *Controller* *H. 28.18* *132-354-355*

CR2E034 (10/97)