2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F97000003754

1. Entity Name
EASTGROUP PROPERTIES, INC.

Principal Place of Business	Mailing Address
188 E CAPITOL STREET 300 ONE JACKSON PLACE JACKSON, MS 39201	188 E CAPITOL STREET 300 ONE JACKSON PLACE JACKSON, MS 39201

DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
13-2711135
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

U00000748696
05/17/07 00070 015 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	SPEED, LELAND R
STREET ADDRESS	300 ONE JACKSON PL-188 E CAPITAL ST
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	PD
NAME	HOSTER, DAVID H II
STREET ADDRESS	300 ONE JACKSON PL-188 E CAPITAL ST
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	STCF
NAME	MCKEY, N KEITH
STREET ADDRESS	300 ONE JACKSON PL-188 E CAPITAL ST
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	VPCS
NAME	CORKERN, BRUCE
STREET ADDRESS	300 ONE JACKSON PL-188 E CAPITAL ST
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	D
NAME	ALOIAN, D PIKE
STREET ADDRESS	300 ONE JACKSON PL-188 E CAPITAL ST
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: N. Keith McKey CFO 4/24/07 601-354-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #