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

DOCUMENT #	F98000002137
Corporation Name	1 00000002107

NEW SOUTH AGENCY, INC.

Principal Place of Business		Mailing Address
1990 Grestwood Bly d. 517 Birmingham al 35210	Deering St.	1900 CRESTWOOD BLVD BIRMINGHAM AL 35210



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/15/1998 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For APPLIED FOR 63-1198525 517 Deerin Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Γ Added to Fees 28 Trust Fund Contribution Zip Country 8. This corporation owes the current year Intangible XΝο ☐ Yes Personal Property Tax. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. ☐ DELETE Change Addition 1.1 TITLE TITLE RATLIFF, WILLIAM T III 1.2 NAME NAME 1900 CRESTWOOD BLVD. 1.3 STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL 35210** 14 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE TITLE COUCH, ROBERT M 22 NAME NAME 1900 CRESTWOOD BLVD. 2.3 STREET ADDRESS STREET ADORESS **BIRMINGHAM AL 35210** 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 31 TITLE NICHOLS, LIZABETH R 3.2 NAME NAME STREET ADORESS 1900 CRESTWOOD BLVD. 3.3 STREET ADDRESS **BIRMINGHAM AL 35210** 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition __ Change DELETE TITLE 4.1 TITLE TANNER, TAMMY 4.2 NAME NAME 1900 CRESTWOOD BLVD. STREET ADDRESS 4.3 STREET ADDRESS **BIRMINGHAM AL 35210** 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Addition ☐ Change TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

18/99 205-951-1086

CR2E034 (11/98)