04/20/2004 14:27 3238523 PBLM

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Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90034 050 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000000087

1. Entity Name
S & S PROPERTIES OF ALABAMA, INC.

94059901

Principal Place of Business	Mailing Address
5540 CAPE SAN BLAS ROAD PORT ST JOE, FL 32456	5540 CAPE SAN BLAS ROAD PORT ST JOE, FL 32456

04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0524044
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORROW, JAMES R
5540 CAPE SAN BLAS ROAD
PORT ST JOE, FL 32456

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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: James R. Morrow 4-20-04
(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	MORROW, JAMES R
STREET ADDRESS	5540 CAPE SAN BLAS ROAD
CITY-ST-ZIP	PORT ST JOE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 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: James R. Morrow 4-20-04 850-227-3682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #