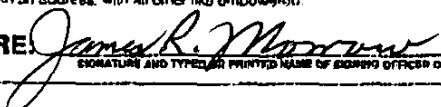


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90501 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000087			
1. Entity Name S & S PROPERTIES OF ALABAMA, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 160 COVE ROAD Suite, Apt. #, etc.		3. Mailing Address 160 COVE ROAD Suite, Apt. #, etc.	
City & State PORT ST. JOE, FL		City & State PORT ST. JOE, FL	
Zip 32456	Country USA	Zip 32456	Country USA
4. FEI Number 63-0524044		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name MORROW, JAMES R			
Street Address (P.O. Box Number is Not Acceptable) 160 COVE ROAD			
City PORT ST. JOE		FL	Zip Code 32456
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 _____ DATE _____ Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MORROW, JAMES R. 160 COVE ROAD, PORT ST. JOE, FL 32456		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerment.			
SIGNATURE 		4-30-05 850-227-6420	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR20348 (12/02)