04/29/2005 15:40 3238523 PBLM

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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.

20053993

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
160 COVE ROAD	160 COVE ROAD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: PORT ST. JOE, FL	City & State: PORT ST. JOE, FL	4. FEI Number: 63-0524044 ☐ Applied For ☐ Not Applicable
Zip: 32456 Country: USA	Zip: 32456 Country: USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 reinstating)

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
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Morrow 4-30-05 850-227-6420
(SIGNATURE AND TYPED OR PRINTED NAME OF ENTERING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)