

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 29 1998 8:00am
Secretary of State

0002176

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G44452 (2)			
1. Corporation Name FIRST SOUTH, INC.			
Principal Place of Business C/O LARRY K. THOMPSON P. O. BOX 605, 704 SUWANNEE AVENUE BRANFORD FL 32008		Mailing Address C/O LARRY K. THOMPSON P. O. BOX 605, 704 SUWANNEE AVENUE BRANFORD FL 32008	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 1416 N. OHIO AVE. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 10 Suite, Apt. #, etc.	
22		27	
23 LIVE OAK FL. City & State Zip 32060 Country USA		28 LIVE OAK FL. City & State Zip 32064 Country USA	
24 32060		25 USA	
29 32064		30 USA	
9. Name and Address of Current Registered Agent THOMPSON, LARRY K. 704 SUWANNEE AVENUE BRANFORD FL 32008		10. Name and Address of New Registered Agent 81 Name MICHAEL M. DARBY 82 Street Address (P.O. Box Number is Not Acceptable) 1416 N. OHIO AVE. 83 84 City LIVE OAK FL 85 Zip Code 32060	
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 MICHAEL M. DARBY DATE 7-14-98 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME THOMPSON, LARRY K.		1.2 NAME MICHAEL M. DARBY	
STREET ADDRESS 704 SUWANNEE AVENUE		1.3 STREET ADDRESS 1416 N. OHIO AVE.	
CITY-ST-ZIP BRANFORD FL		1.4 CITY-ST-ZIP LIVE OAK, FL. 32060	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME DONNA M. DARBY	
STREET ADDRESS		2.3 STREET ADDRESS 1416 N. OHIO AVE.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP LIVE OAK, FL. 32060	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address.			
SIGNATURE: MICHAEL M. DARBY		DATE 7-14-98 904-362-2110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (5/98)