FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

G89497

(3)

SOUTH		aning supply	Y CO., IN	c.							
Principal Place of Business Mailing Address								T (ANGELL) BRAN FOLLO LENGE BIRTO IDINE ED		1 85851 GLALL GIA	HA BIBLI IBEI
739 AIRPORT ROAD P O BOX 15097 PANAMA CITY FL 32405 PANAMA CITY FL 32406 US US								DO NOT WRITE IN THIS SPACE			
1 00				·				3. Date Incorporated or Qualified			
i								03/08/1984			
2. Principal Place of Business				2a. Mailing Address			4. FEI Number		A	pplied For	
21				26			59-2377562		N	lot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #. etc.			5. Certificate of Status Desired			Additional Required	
City & State				City & State			6. Election Campaign Financing		\$5.00	May Be	
23		<u>_</u>	28					Trust Fund Contribution Added to Fees			
Zip	Country		29	~a · a		Country		8. This corporation owes or has paid the current year Intangible			
24	25 25 Name and Address of Curren			30				Personal Property Tax due June 10. Name and Address of New Re			No
<u> </u>			mailt Dağısı	teren Agent	81	N	ame	to. Name and Address of New Ad	gistered	Maur	
	ARK, TERRY				82						
739 AIRPORT ROAD PANAMA CITY FL 32405							reet Addre	dress (P.O. Box Number is Not Acceptable)			
PANAMA CITT FL 32405						+-	~				
					84	<u> </u>					
						Ci	ity		FL	85 Zip	Code
11. Pursuant	to the provision	ons of Sections 607	.0502 and 60	07.1508, Florida Statu	tes, the abov	ı e-na	med corp	oration submits this statement for the	purpose o	f changing i	its registered
office or r agent. I a	regi ste reglage am f am ilier wit	ent, or both, in the S h, and accept the c	State of Floric obligations of	la. Such change was , Section 607,0505, F	authorized by lorida Statute	y the	corporation	ion's board of directors. I hereby acce	pt the app	pointment as	s registered
SIGNATURE	Signature, Level of		ed algebra of bille	if applicable (NO)	If: Begistered An	Lent Sign	vialure require	ed when (ciristating)	T-1	1-012	
12.			AND DIREC		13.	K-111 315	The regard	ADDITIONS/CHANGES TO OFFI	CERS ANI	DIRECTO	RS IN 12
TITLE	DP			☐ DELETE	1.1 TITLE					Change	Addition
NAME	OLARK, 1	rerry L			1.2 NAME)				
STREET ADDRESS				1.3 \$		1.3 STREET ADDRESS					
CITY-ST-ZIP	PANAMA	CITY FL			1.4 CHY-5	ST- <i>z</i> ip	,				
TITLE				DELETE	2.1 TITLE					Change	Addition
NAME					2.2 NAME		ĺ				
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CITY-ST-ZIP					2 4 CITY-	S7 - ZII					
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NAME					3.2 NAME						
STREET ADDRESS					3.3 STREET		į.				
CITY-ST-ZIP TITLE				DELETE	3.4. CITY- 4.1 TITLE	SI-ZII	2			Change	Addition
NAME				- Milli	4. 2 NAME					☐ Change	LI Addition
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CITY-ST-ZIP					4.3 STREET		1				
TITLE				DELETE	5.1 TITLE	V1 - Z11				Change	Addition
NAME				• • • • •	5.2 NAME					_ •	_
STREET ADDRESS					5.3 STREET	I ADDF	RESS				
CITY-ST-ZIP)				5.4 CITY - S		ì				i
TITLE				DELETE	61 TITLE					Change	☐ Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREET	T ADDE	RESS				

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, d on an attachment with an address.