FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H56082** **(1)**

1. Corporation Name

SOUTHERN RECREATION, INC.

Principal Place of Business	Mailing Address
4060 EDISON AVE. JACKSONVILLE FL 32205	4060 EDISON AVE. JACKSONVILLE FL 32205

2. Principal Place of Business 21 4060 Edison Ave.	2a. Mailing Address 26 4060 Edison Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / County 24 32254 / 25 Duval	Zip / Country 29 32254 / 30 Duval

3. Date Incorporated or Qualified: **05/09/1985**

3a. Date of Last Report: **02/14/1995**

4. FEI Number: **59-2640417** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROGERS, TERRY
4615 BURGUNDY RD. N.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: If registered agent is required to sign, he must sign.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, TERRY		1.2 NAME	
STREET ADDRESS	4615 BURGUNDY RD. N.		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NORTON, TIM		2.2 NAME	
STREET ADDRESS	5908 KINKAID DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NORTON, MARTHA		3.2 NAME	
STREET ADDRESS	5908 KINKAID DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, JODY		4.2 NAME	
STREET ADDRESS	4615 BURGUNDY RD. N.		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Terry Rogers Terry Rogers, President 4-3-96 904-387-4390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #