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FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **H60257** (3)  
1. Corporation Name  
**SOUTHERN TECHNOLOGY & DEVELOPMENT CORPORATION**



Principal Place of Business  
**1673 W PAUL DIRAC DR  
TALLAHASSEE FL 32310  
US**

Mailing Address  
**1040 E. PARK AVE.  
TALLAHASSEE FL 32301-2677**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified  
**06/04/1985**

3a. Date of Last Report  
**01/23/1996**

4. FEI Number  
**59-2561101**

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

10. Name and Address of New Registered Agent

**DOUGLASS, W. DEXTER  
211 EAST CALL STREET  
TALLAHASSEE FL**

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☒ DELETE  
NAME **MCKENZIE, W GUY**  
STREET ADDRESS **600 PLANTATION RD643**  
CITY-ST-ZIP **TALLAHASSEE FL**

1.1 TITLE **Vice President** ☐ Change ☒ Addition  
1.2 NAME **Linda V. Nicholasen**  
1.3 STREET ADDRESS **1899 Collins Landing Rd**  
1.4 CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE **STD** ☐ DELETE  
NAME **WADSWORTH, JAMES B. JR.**  
STREET ADDRESS **2735 EVERETT LANE**  
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE **Treasurer / Director** ☒ Change ☐ Addition  
2.2 NAME **Wadsworth, James B. Jr**  
2.3 STREET ADDRESS **1040 E. Park Ave**  
2.4 CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **D** ☒ DELETE  
NAME **GAUPIN, THELMA G.**  
STREET ADDRESS **ROUTE 2, BOX 4391**  
CITY-ST-ZIP **CRAWFORDVILLE FL**

3.1 TITLE **Director** ☐ Change ☒ Addition  
3.2 NAME **E. C. Allen**  
3.3 STREET ADDRESS **621 N. Calhoun St**  
3.4 CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **D** ☒ DELETE  
NAME **SMITH, DOUGLAS C.**  
STREET ADDRESS **1126 CARRIAGE RD**  
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE **Director** ☐ Change ☒ Addition  
4.2 NAME **W. Fred Lindsey**  
4.3 STREET ADDRESS **901 Live Oak Plantation Rd**  
4.4 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **AS** ☐ DELETE  
NAME **PIOTROWSKI, JANIS A.**  
STREET ADDRESS **3942 N. MONROE STREET**  
CITY-ST-ZIP **TALLAHASSEE FL**

5.1 TITLE **Secretary** ☒ Change ☐ Addition  
5.2 NAME **Piotrowski, Janis A.**  
5.3 STREET ADDRESS **1929 Collins Landing Rd**  
5.4 CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE **PD** ☐ DELETE  
NAME **GAUPIN, WILLIAM T.**  
STREET ADDRESS **ROUTE 2, BOX 4391**  
CITY-ST-ZIP **CRAWFORDVILLE FL**

6.1 TITLE **President / Director** ☒ Change ☐ Addition  
6.2 NAME **Gaupin, William T.**  
6.3 STREET ADDRESS **1439 Shell Point Rd**  
6.4 CITY-ST-ZIP **Crawfordville, FL 32327**

14. I do 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:

**J. B. Wadsworth, Jr**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-9-97**  
Date

**(904) 224-3129**  
Daytime Phone #

CR2E034 (9/96)