

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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

DO NOT WRITE IN THIS SPACE

| | | | | | |
|------------------------------------|------------------|---------------------|----------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/04/1985 | |
| 21 | 1040 E. Park Ave | 26 | No Change | 4. FEI Number 59-2561101 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | Applied For Not Applicable | |
| 22 | | 27 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 23 Tallahassee, FL | | City & State 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Zip 32301 | 25 | Country USA | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|----|
| 9. Name and Address of Current Registered Agent DOUGLASS, W. DEXTER 211 EAST CALL STREET TALLAHASSEE FL | | | | 10. Name and Address of New Registered Agent | |
| 81 Name | | | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 83 | | | | | |
| 84 City | | | | 85 Zip Code | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------------|--|--|---|--|--|--|
| TITLE | VP | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LINDA V. NICHOLSEN | | | 1.2 NAME | | | |
| STREET ADDRESS | 1899 COLLINS LANDING RD. | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WADSWORTH, JAMES B. JR. | | | 2.2 NAME | | | |
| STREET ADDRESS | 1040 E. PARK AVE. | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | E.C. ALLEN | | | 3.2 NAME | D. C. Allen | | |
| STREET ADDRESS | 621 N. CALHOUN ST. | | | 3.3 STREET ADDRESS | 621 N. Calhoun St | | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | | | 3.4 CITY-ST-ZIP | Tallahassee, FL 32303 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | W. FRED LINDSEY | | | 4.2 NAME | | | |
| STREET ADDRESS | 901 LIVE OAK PLANTATION RD. | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | S | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | PIOTROWSKI, JANIS A. | | | 5.2 NAME | 800002403938 | | |
| STREET ADDRESS | 1929 COLLINS LANDING RD. | | | 5.3 STREET ADDRESS | -01/16/98--01117--012 | | |
| CITY-ST-ZIP | TALLAHASSEE FL | | | 5.4 CITY-ST-ZIP | ***150.00 | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GAUPIN, WILLIAM T. | | | 6.2 NAME | H/b | | |
| STREET ADDRESS | 1439 SHELL POINT RD. | | | 6.3 STREET ADDRESS | av | | |
| CITY-ST-ZIP | CRAWFORDVILLE FL | | | 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 as an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)