

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 8:43

DOCUMENT # H64150 (6)

1. Corporation Name

SOUTHERN INDEPENDENT OPERATORS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

1832 EVERGREEN AVE
JACKSONVILLE FL 32206 - 3920

Mailing Address

1832 EVERGREEN AVE
JACKSONVILLE FL 32206 - 3920

3. Date Incorporated or Qualified

06/27/1985

3a. Date of Last Report

01/19/1994

4. FEI Number

59-2546276

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

MOSCOVITZ, ISADORE
1832 EVERGREEN AVENUE
JACKSONVILLE FL 32206-0920

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 607.0602 and 607.1508, Florida Statutes, the above named corporation certifies the 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. Thereby 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 officer or director

Signature typed or printed name of registered agent and officer or director

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

CP
MOSCOVITZ, ISADORE
1832 EVERGREEN AVENUE
JACKSONVILLE FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

32206

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

32206

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

77063

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

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(9)(b), 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 and the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ISADORE MOSCOVITZ, PRES.

1-11-95 (904) 634-1469