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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J0962

(9)

 Corporation 	on Name " JU9020	5 (9)			
SOUTH	HERN COACH, INC.				
30011	ILIN GOAGII, ING.			1 1 mmert # 1611 # 1611 # 1621 # 2521 # 1161 # 1611 # 1614 # 1616	14 21 011 pract #1611 516 11 (par
					
Principal Plac	ce of Business	Mailing Address			
% MARK A. LEWIS % MARK A. LEWIS					
1985 N.W. 57TH STREET 1985 N.W. 57TH STREET			•	DO NOT WRITE IN THE	CDAOE
OCALA FL 32675 OCALA FL 32675			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	j
				04/17/1986	· · · · · · · · · · · · · · · · · · ·
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2662919	Not Applicable
Suite, Apt	, #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Southouse of States Beening A	Fee Required
City & State		City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zìp	Country	8. This corporation owes or has paid the cu	urrent year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	f Agent
I F	WIS, MARK A.		81 Name		
	97 N.W. 28TH PLACE			7- A 1	
			82 Street Addi	ress (P.O. Box Number Is Not Acceptable)	_
U	CALA FL 32675		83		
			65		
			84 City	······································	85 Zip Code
				FL	- ! `
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statul	es, the above-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the oblic	e of Florida, Such change was nations of, Section 607,0505, Fl	autnorized by the corporal orida Statutes	tion's board of directors. I hereby accept the ab	pointment as registered
	an terminal filling and absorpt the tong	,	o, 100, 0 100, 0 10		•
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOT	E. Registered Agent signature requir	ired when reinstating) DATE	
SIGNATURE		ent and title if applicable. (NOT ID DIRECTORS	E. Registered Agent signature require.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
					ID DIRECTORS IN 12 Change Addition
12.	OFFICERS AN	ID DIRECTORS	. 13.		
12. TITLE NAME	OFFICERS AN P LEWIS, MARK	ID DIRECTORS	. 13. 1.1 TITLE 1.2 NAME		
12. TITLE NAME STREET ADDRESS	OFFICERS AN P LEWIS, MARK 1697 N.W. 28TH PLACE	ID DIRECTORS	. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
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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 on an attachment with an address.

SIGNATURE:

Mak WOLLYDE REPROSTORING

1-13-98 352-351-1180

FILED

Jan 21 1998 8:00am

Secretary of State