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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J27783

SOUTHE	ast oil and developm	ENT CORPORATION					
Principal Place	e of Business	Mailing Address				(   001/10 Extentions of the contract of the c	1 81811 81841 1881
11801 ELYSSA RD THONOTOSASSA FL 33592 US		11710 U.S. HWY. 301. NO. P.O. BOX 290676 TAMPA FL 33687 US			. DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
						08/04/1986	
2. Principal Pl	lace of Business	2a. Mailing Address				_ I	Applied For Not Applicable
21		Suite, Apt. #, etc.				\$8.75	Additional
Suite, Apt. #, etc.		27.				LE Cartifanto of Statue Desired	Required:
City & State	8	City & State				6. Election Campaign Financing \$5.0	<b>0</b> Мау Ве
23		28				Trust Fund Contribution Added	d to Fees
Zip Country		Zip	<u> </u>			8. This corporation owes the current year Intangible  Personal Property Tax.	
24	25		30			Personal Property Tax. Yes  10. Name and Address of New Registered Agent	LiNO
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent	
PALAZZO, DAVID T.				82		dress (P.O. Box Number is Not Acceptable)	
11706 U.S. HIGHWAY 301 NORTH TAMPA FL 33592					Olieet Adi	Autosa (1.0. Dox Hambor to Hoty Google 1.0)	
IAM			83				
	·			84	City	FL   )	Code
office or reagent. I as	to the provisions of Sections 607.02 egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered ex	ations of, Section 607.0303, Fion	ua Statt	JI <del>C</del> S.		poration submits this statement for the purpose of changing ition's board of directors. I hereby accept the appointment as	registered
12.		ND DIRECTORS	13.	riguin	- Ingricuro roqui	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	FORS IN 12
TITLE	Р			1.1 TITLE		☐ Changi	
NAME	PALAZZO, DAVID T.		1.2 NA	ME			
STREET ADDRESS	11801 ELYSSA RD			REET	ADDRESS		
CITY-ST-ZIP	THONOTOSASSA FL			TY-ST	r-ZIP		
TITLE	VST	☐ DELETE 2.1 TIT		TLE	1	Chang	e
NAME	BURNETT, JAN		2.2 NA	ME			
STREET ADDRESS	11801 ELYSSA RD		2.3 ST	REET	ADDRESS		\
CITY-ST-ZIP	THONOTOSASSA FL.	DELETE			T-ZIP	Chang	e ∏ Addition
TITLE			3.1 TII			i onang	
NAME		•			ADDDESS		ĺ
STREET ADDRESS				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TE		1-21	☐ Chang	e Addition
NAME			4.2 N	AME			
STREET ADDRESS	•				ADDRESS		
CITY-ST-ZIP			4.4 Cr	TY-ST	r-ZIP		
TITLE		☐ DELETE	5.1 TI	TLE		, Chang	e 🔲 Addition
NAME			5.2 N	AME			
STREET ADDRESS			5.3 \$1	REET	ADDRESS		
CITY-ST-ZIP	r			TY-ST	r-ZI <del>P</del>		<u> </u>
TITLE		☐ DELETË	6.1 TI			☐ Chang	e 🗌 Addition
NAME			6.2 N				
STREET ADDRESS	ł.		6.3 \$1	IREET	ADDRE\$\$		1

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 artichment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90027 047 \*\*\*150.00