FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # J29277 (7)

1. Corporate Name

NEW SOUTH CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 3947 WEST PALM BEACH FL 33402	P.O. BOX 3947 WEST PALM BEACH FL 33402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1986

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite Apt. # etc. (22) | Suite Apt. # etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2717915 — 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, JOHNNY
1285 WESTSIDE WAY
ROYAL PALM BCH FL 33411

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 Section 607.0502 and 607.1501, 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES, DELETIONS AND CORRECTIONS
PVT WILLIAMS, JOHNNY 1285 WESTSIDE WAY ROYAL PALM BCH FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I declare (I) that the information contained herein is accurate, complete and meets the requirements set forth in Section 607.0122(18), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address.

SIGNATURE: Johnny Williams — 4-28-95 — 407-845-9122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0435238 FP