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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J48213

(9)

SOUTHERN PROPERTIES AND CONSTRUCTION, INC.

Principal Place of Business	Mailing Address		T LEGATISM STEAT STEAT STEAT STREET STREET STREET STREET STREET	
P O BOX 756 % MICHAEL P. BIST TARPON SPRINGS FL 34888-0756 1300 THOMASWOOD DRIVE US TALLAHASSEE FL 32312		Ε	DO NOT WRITE IN T	HIS SPACE
			3. Date Incorporated or Qualified 12/22/1986	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2767780	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zıp	Country	8. This corporation owes or has paid the	
24 25	29 3	0]	Personal Property Tax due June 30.	Yes No
			10. Name and Address of New Registe	rea Agent
BIST, MICHAEL P.		oi ivanie		
1300 THOMASWOOD DRIVE		82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32312		83		
		65		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	EO2 and EO7 1EOR Florida Statutas	the above pared core		
office or registered agent, or both, in the Sta	ite of Florida. Such change was aut	horized by the corporat	ion's board of directors. Thereby accept the	appointment as registered
agent. I am familiar with, and accept the obl	igations of, Section 607.0505, Florid	da Statutes.		
SIGNATURE Signature, typed or printed name of registered in	ANCITE E	Registered Agent signature requir	ed when reinstating) DA	16
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE PVTS	☐ DELETE	1.1 TITLE		Change Addition
NAME WEISKOPF, R. DANIEL		1.2 NAME		-
STREET ADDRESS 15 W. WHITCOMB BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP TARPON SPRINGS FL		1.4 CITY - ST - ZIP		
TITLE	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		i
TITLE	DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP	<u> </u>	
TITLE	DELETE	4.1 TITLE		Change Addition
NAME	,	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5 1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	The rec	5.4 CITY - ST - ZIP		01-2-1
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		

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 truckee 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 attentional with an address.

6.4 CITY - ST - ZIP