FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **J51832** **(0)**

1. Corporation Name
SOUTHERN MANAGEMENT SERVICES, INC.

Principal Place of Business
% WILLIAM G. BUCKLES, JR.
455 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34640

Mailing Address
% WILLIAM G. BUCKLES, JR.
455 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 34640

2. Principal Place of Business: 21 / Suite, Apt. #, etc.: 22 / City & State: 23 / Zip: 24 / Country: 25

2a. Mailing Address: 26 / Suite, Apt. #, etc.: 27 / City & State: 28 / Zip: 29 / Country: 30

3. Date Incorporated or Qualified: **01/14/1987**
3a. Date of Last Report: **04/10/1995**
4. FEI Number: **59-2793177** ☐ 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 s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BUCKLES, WILLIAM G., JR.
455 N INDIAN ROCKS RD
BELLEAIR BLUFFS FL 33540

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 607.0502 and 607.1508, 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 ____ Note: Registered Agent's signature is required when changing ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	VELTMAN, DAVID M.	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	PD	☐ DELETE
NAME	BUCKLES, WILLIAM G.	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	VD	☐ DELETE
NAME	BARODY, MICHAEL	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	ST	☐ DELETE
NAME	DUFFY, SHEILA	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE	VD	☐ DELETE
NAME	VELTMAN, GREG	
STREET ADDRESS	455 N INDIAN ROCKS RD	
CITY-ST-ZIP	BELLEAIR BLUFFS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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(3)(k), 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: [signature] 2/9/96 813/585-6333

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