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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34840

Mailing Address

% WILLIAM G. BUCKLES, JR.
455 N INDIAN ROCKS ROAD
BELLEAIR BLUFFS FL 33770-2014

3. Date Incorporated or Qualified

01/14/1987

3a. Date of Last Report

02/14/1996

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 33770

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
33770

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D VELTMAN, DAVID M.
STREET ADDRESS
455 N INDIAN ROCKS RD
CITY - ST - ZIP
BELLEAIR BLUFFS FL

TITLE ☐ DELETE

NAME
PD BUCKLES, WILLIAM G.
STREET ADDRESS
455 N INDIAN ROCKS RD
CITY - ST - ZIP
BELLEAIR BLUFFS FL

TITLE ☐ DELETE

NAME
VD BARODY, MICHAEL
STREET ADDRESS
455 N INDIAN ROCKS RD
CITY - ST - ZIP
BELLEAIR BLUFFS FL

TITLE ☐ DELETE

NAME
ST DUFFY, SHEILA
STREET ADDRESS
455 N INDIAN ROCKS RD
CITY - ST - ZIP
BELLEAIR BLUFFS FL

TITLE ☐ DELETE

NAME
VD 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

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)