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 # J89837 1. Corporation Name

SOUTHREP, INC.

Principal Place of Business 1110 BAY COURT DESTIN FL 32541

US

Mailing Address

1110 BAY COURT DESTIN FL 32541

US

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90298 014 ***150.00



. DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

								08/26/1987			
2. Principal Pla	ace of Business	2a.	Mailing Address					4. FEI Number		A	pplied For
1 .		26					ļ	`- 59-285 <u>19</u> 83		N	lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					E Outificate of Other Desire	d 🛄	\$8.75	Additional
32			27					5. Certifcate of Status Desire	.u /)	Fee F	Required
City & State			City & State					6. Election Campaign Finance	ina —	\$5.00	May Be
¬ '			28					Trust Fund Contribution	"" ⁹ 🗆		to Fees
Zip	Country	20				Country		8. This corporation owes the	current year I		
¬ '	r—, "			30			Personal Property Tax.	current year i	Yes	⊠No	
4	25	29		su				10. Name and Address of N	ow Pagistore		
	9. Name and Address of Current	Regis	reled Affent		81	Name	4.4	10. Name and Address of N	on regioner	a Agent	
CTEM	/ART, ROBERT M.				"	Name	/ V\12	CHACL LIVETT			
1110 BAY COURT					82 Street Add			s (P.O. Box Number is Not Acc	eptable)		
					199 CHICKASAW STREET						
DESTIN FL 32541						83 P.O. Q. 970					
							1.V.	DOX 110		he Zio	Codo
					84	City	MA	10.000	F	L 85 Zip	Code 1346
44 Durauant t	a the provisions of Sections 607 0502	and 6	07 1508 Florida Statutes	the a	hove-	named o	<u>' /1//</u>	ation submits this statement for	the purpose	of changing it	ts registered
office or re	o the provisions of Sections 607.0502 gisternd agent, or both, in the State of a familiar with, and accept the obligation	Flori	da. Such change was auf	thorized	by ti	he corpo	ration	's board of directors. I hereby a	ccept the app	ointment as i	registered
agent. I ar	n familial with, and accept the obligation	ons of	Section 607.0505, Flore	da Stat	utes.				1000010	2.	
SIGNATURE	9/11/	11	RESIDENT						7/28/9	7	
	Signature typed or printed hame of registered agent				Agent	signature re	quired w	hen reinstating) ADDITIONS/CHANGES TO	OFFICERS A	AND DIRECT	ODE IN 12
12.	OFFICERS AND	DIRE		13.			1)		OFFICERS	Change	
TITLE	P	⊠ DELETE		1.1 17	11 TTLE 11/2		MC	SIDENT _		□ Citatige	Addition
NAME	STEWART, ROBERT M.			1.2 N	AME		MIC	HAEL L. JETT			
STREET ADDRESS	1110 BAY COURT			1.3 S	TREET A	ADDRESS	199	CHICKASAW ST.			
CITY-ST-ZIP	DESTIN FL			1.4 CI	1.4 CITY-ST-ZIP		PA	VACEA, FL 32346			
ΠΤLE	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	2.1 ₹1	2.1 TITLE					Change	Addition
NAME				2.2 NAME		NAME					
Ł			. =	235		2.3 STREET ADDRESS		•	5-0-		
STREET ADDRESS	· ·					4 CITY-ST-ZIP					
CITY-ST-ZIP			☐ DELETE			1 TITLE				[] Change	Addition
TITLE				_		1				Q	_
NAME				3.2 N						•	
STREET ADDRESS				3.3 S	TREET A	ADDRESS					
CITY-ST-ZIP				3.4. C	ITY-ST	-ZIP					
TITLE	,		☐ DELETE	4,1 TITL						Change	e Addition
NAME				4. 2 N	IAME	1					
STREET ADDRESS				4.3 S	TREET	ADDRESS					
CITY-ST-ZIP				4.4 C	ITY∙ST-	. _{ZIP}					
TITLE			DELETE	5.1 TI						Change	Addition
1			_	5.2 N							
NAME						ADDRESS !					
STREET ADDRESS						1					
CITY-ST-ZIP					TY-ST-	-217				Chart	Addition
TITLE			☐ DELETE	6.1 11						Change	e ☐ Addition
NAME .	•			6.2 N	AME						
STREET ADDRESS				6.3 S	TREET	ADDRESS					,
CITY-ST-ZIP				6.4 C	ITY-ST-	ZIP					
O111-01-41				_		i					

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 of 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SNATURE AND SPEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

984-0050 Daytime Phone # R2E034 (11/98)