SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (8)K10880 SOUTHERN HERITAGE DEVELOPMENT INC. Mailing Address Principal Place of Business 3111 MAHAN DR. SUITE 115 3111 MAHAN DR. SUITE 115 TALLAHASSEE FL 32308-5507 TALLAHASSEE FL 32308-5507 3a. Date of Last Report 3. Date Incorporated or Qualified 01/06/1988 03/29/1995 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2876432 26 21 \$8.75 Additional Suite. Apt. #. etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name YATES, R. RICHARD, JR Street Address (P.O. Box Number is Not Acceptable) 1338 VICKERS RD TALLAHASSEE FL 32303 A3 Zip Code 85 84 City provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered miliar with, and accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to t agent Lar DATE SIGNATURE (NOTE: Bag-stered Age it signature required when releasting) are typied or printed name of registered agent and time if applicable (36/8)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition Change DELETE 1.111111 TITLE CR2E034 1.2 NAME YATES, R. RICHARD, JR. NAME 13 STREET ADDRESS 1338 VICKERS RD STREET ADDRESS 1.4 City - ST - ZIP TALLAHASSEE FL Charige Addition CITY - ST - ZIP 21 TITLE DELETE TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 3.1 THTLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 44 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 53 STHEET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST- ZIP Change Addition DELETE 61 TITLE TITLE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS Is thing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(k), Florida Statutes. I had report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and jed, or on an attachment with an address. CITY-ST-ZIP 14. I do hereby certify that the further certify that the informade under oath, that if a that my name appear in

SIGNATURE:
