## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # K41665

1. Corporation Name

(6)

NATIONWIDE SOUTH, INC.					
Principal Place of Business	Mailing Address				
1099 49TH ST SOUTH GULFPORT FL 33707	1099 49TH ST SOUTH GULFPORT FL 33707				



						3. Date Incorporated or Qualified 10/27/1988	3a. Date o 05/0		
2. Principal Place of Business		2a. Maiing Address				4. FEI Number	U0/U	1/19	
21		26				59-2908004		-	Applied For Not Applicable
Suite, Apt #, etc.		Suite. Apt. #, etc. 27				5. Certificate of Status Desired			5 Additional Required
City & State	Orty & State				6. Election Carripaign Financing \$5.00 May B				
	Country	Zip	Cour	itry		8. This corporation has liability for in	itangible tax i	inder s	ed to Fees
24 25	144	29	30			Florida Statutes	□No		100.002,
9. Name and A	Address of Current F	Registered Agent	——— <u> </u>		<del></del>	10. Name and Address of New Re	gistered Ag	ent	
NEICUBOD DENNIO	00		[*	B1	Name				
NEIGHBOR, DENNIS, C, 1	SH		1	82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)	<del></del>	
1099 49TH STREET SOUTH							·7		
GULFPORT FL 33707			[3	33					
			la la	34	City		<del></del> 1.	- T -	- Ce de
11 Pursuant to the provisions of	Sections 607 0500	1007.4600							p Code
SIGNATURE _	obligations of, Section	607.0505, Florida Statul	orized by the co tes.	rpon	ation's boar	ation submits this statement for the purp d of directors. I hereby accept the appoi	óse of changi ntment as reg	ng its i jistered	registered offic I agent. I am
Signature typed or printe t	I nan e of registered agent and		INOTE Projedenial A	gerat s	grafunctoq aled	When repostatings	DAIL		
TITLE D	OFFICERS AND D		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTO	PAS IN 12
0	CAINIIC O OO	DELETE	1 1 7 70	.F				hange	Addition
NAME NEIGHBOR, DE STREET ADDRESS 1099 49TH ST.			1.2 NAM	Ε					
CITY-ST-ZIP GULFPORT FL			1.3 STRE	ET AD	DRESS				
TITLE			1.4 CITY		riP				
NAME		☐ DELETE	2 1 7 17 L					hange	Addition
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NAME			3 1 TITL				□ c	hange	■ Addition
STREET ADDRESS			3.2 NAM						
CITY-ST-ZIP			3.3 STRE						
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NAME			4 1 Title		1		□ C	nange	Addition
STREET ADDRESS			4.2 NAME						
CITY - ST - ZIP			4.3 S1R66						
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STREET ADDRESS					erce				
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TITLE			■ O IIILE				□ Ct	anne	☐ Addition
			E O MINIAE						
TITLE NAME STREET ADDRESS			6.2 NAME		ntee				
NAME Street address City-St-Zip			6 3 STREE	CGA I		the exemption stated in Section 119,077	_		

SIGNATURE:

- 10 C NEIHHAM SA- 4-20-96 8133327 1135