

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 # K46231

(2)

1. Corporation Name

SOUTHMACH INVESTMENTS, INC.



Principal Place of Business

340 N ORANGE AVE
~~600 N ORANGE AVE, SUITE 1900~~
ORLANDO FL 32801
US

Mailing Address

P O BOX 3628
~~P O BOX 2477~~
ORLANDO FL 32802-3628
US

3. Date Incorporated or Qualified
11/18/1988

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, THOMAS R
340 N ORANGE AVE
~~SUITE 1900~~
ORLANDO FL 32801

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

(Signature, typed or printed name of registered agent or a 1099 filer acceptable)

(NOTE: Registered Agent signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DP
ALLEN, THOMAS R.
340 N ORANGE AVE
ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DVS
BUILDER, J. LINDSAY JR.
390 N ORANGE AVE #1300
ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

T
BUILDER, J. LINDSAY JR.
390 N ORANGE AVE #1300
ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DV
MACARTHUR, WILLIAM H.
401 W. COLONIAL DR. STE. 7
ORLANDO FL 32804

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 407-422-8250
(Typed Name)

CR2E034 (12/95)