

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90029 050 ***150.00

DOCUMENT # K62041 (4)

Corporation Name
SOUTHLAND PROPERTIES OF OCALA, INC.

Principal Place of Business

Mailing Address

**5135 34TH ST S
ST. PETERSBURG FL 33711
US**

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ST. PETERSBURG FL 33711
US**

DO NOT WRITE IN THIS SPACE

1. Date Incorporated or Qualified

01/31/1989

2. FEI Number

59-2942332

Applied For

Not Applicable

3. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

4. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

5. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

1. Principal Place of Business

4750 Dolphin Cay Ln S

2a. Mailing Address

4750 Dolphin Cay Ln S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, Fl.

City & State

St. Petersburg, Fl.

Zip

33711-4679

Country

US

Zip

33711-4679

Country

US

9. Name and Address of Current Registered Agent

**KAUFFMAN, JAY E CPA
6526 CENTRAL AVE
ST. PETERSBURG FL 33707**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	FRIEDMAN, ERNEST	5135 34TH ST S	ST. PETERSBURG FL 33711	<input type="checkbox"/>
D	GRIECO, NICHOLAS	5135 34TH ST S	ST. PETERSBURG FL 33711	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		4750 Dolphin Cay Ln.S.	St.Petersburg, Fl. 33711-4679	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		4750 Dolphin Cay Ln.S.	St.Petersburg, Fl. 33711-4679	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 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:

Ernest Friedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

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