

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 08, 1999 8:00 am
Secretary of State
 09-08-1999 90001 048 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **K71510** ✓
 Corporation Name
SOUTHLAND AUCTION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~10 BOX 392~~ ~~RT 10 BOX 392~~
~~LAKE CITY FL 32025~~ ~~LAKE CITY FL 32025~~
see below US

3. Date Incorporated or Qualified
03/09/1989

Principal Place of Business 2a. Mailing Address
Route 10 Box 200A **Route 10 Box 200A**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State 28 **Lake City, FL** **Lake City, FL**
 Zip 25 **32025** Country 29 **Columbia** 30 **Columbia**

4. FEI Number Applied For
59-2938621 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERRY, J.P., SR.
ROUTE 10, BOX 392
LAKE CITY FL 32055-

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	D BERRY, J.P., SR. ROUTE 10, BOX 392 LAKE CITY FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D + P Berry, J.P. Sr. Rt. 10 Box 200A Lake City, FL 32025
<input checked="" type="checkbox"/> DELETE	VP SIMPSON, CHARLES BOX 200A RT 10 LAKE CITY FL 32025	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE	Sec/Tres. Audrey E. Sikes Rt. 10 Box 200A Lake City, FL 32025	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Signature]* SIGNATURE REQUIRED **8/24/99** **904 - 755-7565**

CR2E034 (5/99)