03-25-1999 90020 004 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L37199

1. Corporation	Name						
SOUTHGROUP HOLDING, INC.							
					L CONTRACTOR CONTRACTO	I Gra li ardı bib il al	ALI ENEM HERK
Principal Place of Business Mailing Address							Bri Athri (An-
%J EVERITT DREW %J EVERITT DREW							
215 DELTA COURT 215 DELTA COURT					DO NOT WITH IN TH	IS SDACE	
TALLAHASSEE FL 32303-4875 TALLAHASSEE FL 32303-487			75		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 12/19/1989		
6 D	T Decision of Deci	2n Mailine Address			12/13/1303 4. FEI Number	· Anı	olied For
·	ace of Business	2a. Mailing Address			59-2984651		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A		
¬ '''		27		5. Certificate of Status Desired	Fee Red		
City & State		City & State			6. Election Campaign Financing	\$5.00	May Re
23	•	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24			Personal Property Tax.			□No	
4-4	9. Name and Address of Curren		-		10. Name and Address of New Registere	d Agent	
			81	Name			}
PIERCE, ROBERT A		82	Stroot Addro	on (D.O. Bey Number in Not Acceptable)			
227 S CALHOUN ST		62	82 Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301			83				
			-	0.1		. 85 Zip C	- da
			84	City	· F	L 85 Zip C	.000
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above	e-named corpo	oration submits this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auti	norized by	the corporation	n's board of directors. I hereby accept the app	ointment as reg	jistered
	in latinital with, and accept the conget	10110 01, 00011011 001 10000, 1 1011-		•			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis				nt signature required	when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TMLE	DP	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	drew, J. Everitt		1.2 NAME	į			
STREET ADDRESS	215 DELTA COURT		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-S	T- ZIP			
TITLE	DVST	☐ DELETE	2.1 TITLE	į		Change	Addition
NAME	DREW, MITCHELL N., JR.		2.2 NAME				
STREET ADDRESS	2.0 522 000		2.3 STREE	T ADDRESS	المساور والس		
CITY-ST-ZIP	TALLAHASSEE FL	·	2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition (
NAME	1		3.2 NAME				ļ
STREET ADDRESS			3.3 STREE	TADDRESS			
City-St-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	<u> </u>		☐ Change	☐ Addition
NAME			4. 2 NAME		•		1
STREET ADDRESS	•			T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	 		- Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	T 40000000			
STREET ADDRESS				TADDRESS			1
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	1-219			[] Addition
TITLE		☐ DELETE	1			☐ Change	
NAME			6.2 NAME	T ADDRESS			1
ATAPPT ABBRESS	1		m naSIREE	LACIDRESS I			

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 anattachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

Daytime Phone #

R2E034 (11/98)