

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

011028

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **L45628**

(9)

1. Corporation Name

SOUTHCASE SALES, INC.

FILED

98 OCT 19 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

% ROBERT E. MORRIS
8269 GULF BLVD UNIT 804
NAVARRE BCH FL 32566
US

Mailing Address

% ROBERT E. MORRIS
8269 GULF BLVD UNIT 804
NAVARRE BCH FL 32566
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/24/1990

4. FEI Number
59-2988422

Applied For
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 **SOUTHCASE SALES, INC**

27 Suite, Apt. #, etc.
P.O. Box 6300

28 **NAVARRE, FLORIDA**

29 Zip Country
32566 SANTA ROSA

9. Name and Address of Current Registered Agent

MORRIS, ROBERT E.
8269 GULF BLVD UNIT 804
NAVARRE BCH FL 32566

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

PD MORRIS, ROBERT E.
310 PLANTATION HILL RD
GULF BREEZE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D MORRIS, BILLIE W.
310 PLANTATION HILL RD
GULF BREEZE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

PRES. MORRIS, ROBERT E.
8269 GULF BLVD UNIT 804
NAVARRE BCH, FL 32566

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

DIRECTOR MORRIS, BILLIE W.
8269 GULF BLVD UNIT 804
NAVARRE BCH, FL 32566

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY-ST-ZIP

11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP

12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY-ST-ZIP

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP

14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY-ST-ZIP

15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY-ST-ZIP

16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY-ST-ZIP

17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY-ST-ZIP

18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY-ST-ZIP

19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY-ST-ZIP

20.1 TITLE 20.2 NAME 20.3 STREET ADDRESS 20.4 CITY-ST-ZIP

21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-ST-ZIP

22.1 TITLE 22.2 NAME 22.3 STREET ADDRESS 22.4 CITY-ST-ZIP

23.1 TITLE 23.2 NAME 23.3 STREET ADDRESS 23.4 CITY-ST-ZIP

24.1 TITLE 24.2 NAME 24.3 STREET ADDRESS 24.4 CITY-ST-ZIP

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: **Robert E. Morris** 10-16-98 859 497-2362

CR2E034 (5/98)

October 16, 1998

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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Dear Sir :

I have just received a second notice of your 1998 Profit Corporation Annual Report packet, and this notice must have been lost in the mail and finally delivered. In addition, I never received the first notice.

I have just spoken with Mrs Marie Bartlett, with the Florida Department of State, and advised her of my problem with the mail. This is not the first time that my mail has been lost or delivered late. I told Mrs Bartlett that I never have a problem with mail delivered to my Company Post Office box.

Mrs. Bartlett advised me to state these facts in a letter to you, and include a

check for \$150.00 for the filing fee. In addition Ma Bartlett recommended that I show the change of mailing address (under item 2a) to the Company post office box.

I have done all of the above, and also made other address changes that showed our old address (item 12) being replaced by our new address (item 13).

I apologize for this problem and assure you that if all future correspondence is sent to my Company post office box, I shall respond promptly,

Yours truly
Robert E. Mowbray