FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90038 044 ***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 #

1. Corporation Name

SOUTHE	KN INTERIORS OF CENTRA	AL FLOHIUA, INC.								
Principal Place	e of Business	Mailing Address				# 108119(1 884 B(114 88108 11) B	1171 0 11 01 1 33011 6 1	B)) WIB)) DFB1) W	 	
P.O. BOX 65										
AUBURNDALE FL 33823 AUBURNDALE FL 33823						DO NOT WRITE IN THIS SPACE				
					<u></u>			SPACE		
						Date Incorporated or Qualifect	İ			
						02/15/1990		- 1 1 -		
2. Principal Pl	ace of Business	2a. Mailing Address			I	El Number		<u> </u>	plied For	
21		26				<u> 59-2991615 </u>	_		t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. 0	Certificate of Status Desired		\$8.75 A		
22		City & State					-		<u>-</u>	
City & State	e	⊢ •			- 1	Election Campaign Financing rust Fund Contribution		\$5.00 Added to	- 1	
Zip	Country	28 Zip	Country	 ·		his corporation owes the cur	rent vear Inte			
⊢ `	25		30			Personal Property Tax.	·		□No	
24	9. Name and Address of Curren		JU			Name and Address of New	Registered A	Agent	_	
	o. Italino dila radiose el Galleri		81	Name	, , , , ,			_		
SPIV	EY, JIM C.		1		40.0	3. Day Miyerbania Nat Angon	table\			
522	HWY 92		82	Street	Address (P.C	D. Box Number is Not Accep	table)			
P.O.	BOX 65		83							
AUB	URNDALE FL 33823							11 -: 6		
			84	City			FL	85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s, the abov	l. e-named	corporation s	submits this statement for the	e nurnose of	changing its	registered	
	egistered agent, or both, in the State	of Florida, Such change was au	thorizod by	44	oration's boa	rd of directors. I hereby acce	ent the appoir	itment as red	aistered L	
agent. La	m familiar with, and accept the obligation	tions of, Section 607.0505, Flori	ida Statutes	ine corpi	oradion's bod		-ppp		9,0.0.42	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statutes	·.			_			
agent. I ai	m familiar with, and accept the obligation	nt and title if applicable (NOTE:	Registered Age	·.	required when rein	nstating)	DATE			
agent. I all SIGNATURE	m familiar with, and accept the obligation of registered ager OFFICERS AN	at and title if applicable (NOTE: ID DIRECTORS	Registered Age	·.	required when rein		DATE	D DIRECTO	ORS IN 12	
agent. I all SIGNATURE 12. TITLE	m familiar with, and accept the obligation of registered ager OFFICERS AN	nt and title if applicable (NOTE:	Registered Age 13. 1.1 TITLE	·.	required when rein	nstating)	DATE			
agent. I al SiGNATURE 12. TITLE NAME	m familiar with, and accept the obligation of registered ager OFFICERS AN P SPIVEY, JIM C.	at and title if applicable (NOTE: ID DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	i. nt signature r	required when rein	nstating)	DATE	D DIRECTO	ORS IN 12	
agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P 080X 65 1310 CARR DR	at and title if applicable (NOTE: ID DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 13 STREE	i. Int signature r	required when rein	nstating)	DATE	D DIRECTO	ORS IN 12	
Agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL	nt and title if applicable (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	i. Int signature r	required when rein	nstating)	DATE	D DIRECTO ☐ Change	DRS IN 12	
Agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL	at and title if applicable (NOTE: ID DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 13 STREE 1.4 CITY-S 2.1 TITLE	i. Int signature r	required when rein	nstating)	DATE	D DIRECTO	ORS IN 12	
agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G.	nt and title if applicable (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	t signature r T ADDRESS	required when rein	nstating)	DATE	D DIRECTO ☐ Change	DRS IN 12	
agent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR	nt and title if applicable (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS T ADDRESS	required when rein	nstating)	DATE	D DIRECTO ☐ Change	DRS IN 12	
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S	T ADDRESS T ADDRESS	AC	nstating) DDITIONS/CHANGES TO O	DATE	D DIRECTO Change	DRS IN 12	
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL VP	nt and title if applicable (NOTE: ID DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE	T ADDRESS T ADDRESS	AC	nstating) DDITIONS/CHANGES TO O	DATE	D DIRECTO ☐ Change	DRS IN 12 Addition	
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL VP SPIVEY, JAMES M	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	nt signature r T ADDRESS T-ZIP T ADDRESS ST-ZIP	AC	nstating) DDITIONS/CHANGES TO O	DATE	D DIRECTO Change	DRS IN 12 Addition	
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL VP SPIVEY, JAMES M 111 VAN ST CT	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	VP Spivey	James M.	DATE	D DIRECTO Change	DRS IN 12 Addition	
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL VP SPIVEY, JAMES M 111 VAN ST CT AUBURNDALE FL	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	VP Spivey,	nstating) DDITIONS/CHANGES TO O	DATE	D DIRECTO Change	DRS IN 12 Addition	
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL VP SPIVEY, JAMES M 111 VAN ST CT AUBURNDALE FL VP	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS ST-ZIP	VP Spivey III VA Aubur	James M. The Fleet Ct. The Adale, Fl. 33823	DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition	
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL VP SPIVEY, JAMES M 111 VAN ST CT AUBURNDALE FL VP SPIVEY, RODNEY S	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS ST-ZIP	VP Spivey, III VA Aubur, VP Spivey, F	Tames M. The Fleet Ct. Todale, Fl. 33823	DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition	
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL VP SPIVEY, JAMES M 111 VAN ST CT AUBURNDALE FL VP SPIVEY, RODNEY S 345 MEDOVA	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	VP Spivey, III VA Aubur, VP Spivey, F 345 M	TAMES M. THE Fleet Ct. Adale, Fl. 33823 Roducy S Redora	DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition	
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL VP SPIVEY, JAMES M 111 VAN ST CT AUBURNDALE FL VP SPIVEY, RODNEY S	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 4.4 CITY-S	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	VP Spivey, III VA Aubur, VP Spivey, F 345 M	Tames M. The Fleet Ct. Todale, Fl. 33823	DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition	
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL VP SPIVEY, JAMES M 111 VAN ST CT AUBURNDALE FL VP SPIVEY, RODNEY S 345 MEDOVA	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	VP Spivey, III VA Aubur, VP Spivey, F 345 M	TAMES M. THE Fleet Ct. Adale, Fl. 33823 Roducy S Redora	DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition Addition Addition	
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL VP SPIVEY, JAMES M 111 VAN ST CT AUBURNDALE FL VP SPIVEY, RODNEY S 345 MEDOVA	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.5 NAME 4.5 STREE 4.6 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	VP Spivey Aubur VP Spivey Aubur VP Spivey Aubur Aubur Aubur Aubur Aubur	TAMES M. THE Fleet Ct. Adale, Fl. 33823 Roducy S Redora	DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition Addition Addition	
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL VP SPIVEY, JAMES M 111 VAN ST CT AUBURNDALE FL VP SPIVEY, RODNEY S 345 MEDOVA	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.5 NAME 4.5 STREE 4.6 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	VP Spivey Aubur VP Spivey Aubur VP Spivey Aubur Aubur Aubur Aubur Aubur	TAMES M. THE Fleet Ct. Adale, Fl. 33823 Roducy S Redora	DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition Addition Addition	
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN P SPIVEY, JIM C. P OBOX 65 1310 CARR DR AUBURNDALE FL ST SPIVEY, LINDA G. PO BOX 65/ 1310 CARR DR AUBURNDALE FL VP SPIVEY, JAMES M 111 VAN ST CT AUBURNDALE FL VP SPIVEY, RODNEY S 345 MEDOVA	tions of, Section 607.0505, Flori	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	VP Spivey Aubur VP Spivey Aubur VP Spivey Aubur Aubur Aubur Aubur Aubur	TAMES M. THE Fleet Ct. Adale, Fl. 33823 Roducy S Redora	DATE	D DIRECTO Change Change	PRS IN 12 Addition Addition Addition Addition		

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Jim C. Spivey SIGNING OFFICER OR DIRECTOR