

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 18 1997 8:00am
Secretary of State

DOCUMENT # N95000000049 (5)

1. Corporation Name

THE SONS AND DAUGHTERS OF THE SOUTH, INC.



Principal Place of Business Mailing Address
5270 AVERY ROAD P.O. BOX 306
CAMPBELLTON FL 32426 CAMPBELLTON FL 32426

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 5270 AVERY ROAD		26 P.O. Box 306		01/04/1995		08/14/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 CAMPBELLTON, FLA		28 CAMPBELLTON, FLA		59-3297205		Not Applicable	
24 32426		25 JACKSON		5. Certificate of Status Desired		8.75 Additional Fee Required	
29 32426		30 JACKSON		6. Election Campaign Financing		5.00 May Be Added to Fees	
29 32426		30 JACKSON		7. Trust Fund Contribution		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
29 32426		30 JACKSON		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		9. Yes 10. No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLDS, RAYMOND D SR.
5270 AVERY ROAD
CAMPBELLTON FL 32426

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	DIRECTOR
NAME	FRANKLIN, WALTER	1.2 NAME	JAMES EDWARD REYNOLDS
STREET ADDRESS	5922 BROWN TOWN RD	1.3 STREET ADDRESS	2390 DENTON RD, TRAF# A711
CITY-ST-ZIP	GRACEVILLE FL 32440	1.4 CITY-ST-ZIP	DOTHAN AL 36303
TITLE	D	2.1 TITLE	SECRETARY OF THE COMPANY
NAME	BURKE, LINDA M	2.2 NAME	BELINDA SCOTT
STREET ADDRESS	1116 SANDERS AVE	2.3 STREET ADDRESS	2390 DENTON RD, TRAF# A711
CITY-ST-ZIP	GRACEVILLE FL 32440	2.4 CITY-ST-ZIP	DOTHAN, AL 36303
TITLE	D	3.1 TITLE	
NAME	MITCHELL, JOSEPH R	3.2 NAME	
STREET ADDRESS	4325 WOODREST ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COTTONDALE FL 32431	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SHULTZ, GLORIA J	4.2 NAME	
STREET ADDRESS	1116 SANDERS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL 32440	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
NAME	OLDS, RAYMOND D SR.	5.2 NAME	
STREET ADDRESS	5270 AVERY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMPBELLTON FL 32426	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

9-15-97

CR2E037 (4/97)