

4-14-97 B-8425
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 1, 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 19 1997 8:00am
Secretary of State

DOCUMENT # N96000004279 (3)

1. Corporation Name

THE SOUTHERN SOCIETY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 6067
TAMPA FL 33621

P.O. BOX 6067
TAMPA FL 33621

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 6422 Eldorado Dr

Suite, Apt. #, etc.

22

City & State

23 Tampa FL

Zip

24 33615

Country

2a. Mailing Address

26 6422 Eldorado Dr

Suite, Apt. #, etc.

27

City & State

28 Tampa FL

Zip

29 33615

Country

4. FEI Number

59-3400519

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

9. Name and Address of Current Registered Agent

LIGON, RICHARD T
1207 SWEET GUM DRIVE
BRANDON FL 33511

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 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

Richard T. Ligon

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 President (PS) ☐ DELETE
NAME Corey C. Worphet
STREET ADDRESS 6422 Eldorado Dr
CITY-ST-ZIP Tampa FL 33615

TITLE Vice President (VS) ☐ DELETE
NAME Robert E. Mephone
STREET ADDRESS 6422 Eldorado Dr
CITY-ST-ZIP Tampa FL 33615

TITLE Secretary (S) ☐ DELETE
NAME Craig G. Johnson
STREET ADDRESS 6422 Eldorado Dr
CITY-ST-ZIP Tampa FL 33615

TITLE Treasurer (T) ☐ DELETE
NAME Timothy W. Wrenberry
STREET ADDRESS 4610 N. Armenia Ave
CITY-ST-ZIP Tampa FL 33603

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE (D) Claude Anderson ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10265 Wendy Blvd Apt 1716
1.4 CITY-ST-ZIP St. Petersburg FL 33702

2.1 TITLE (D) Tolliver Miller ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 10265 Wendy Blvd Apt 1716
2.4 CITY-ST-ZIP St. Petersburg FL 33702

3.1 TITLE (D) Michael Johnson ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS PO Box 184 Bldg 714
3.4 CITY-ST-ZIP Tampa FL 33621 NA

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 R. Ligon E. Mephone 1550097 812-200-0000

CR2E037 (4/97)