301010

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

11840 BRADY ROAD

JACKSONVILLE FL 32223

DOCUMENT # P00000081948

1. Entity Name

Principal Place of Business

JACKSONVILLE FL 32223

11840 BRADY ROAD

MID-SOUTH INVESTMENT INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90095 030 ***150.00

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2. Principal f	Place of Busir	ness	3. Mai	3. Mailing Address				- 1 100110851 131 06111 60111 00311 00311 00311 30339 13430 13430 13410 30411 01429 13411 3041				
Suite, Apt	. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Star	te	·	City	City & State				50-2672056			pplied For at Applicable	
Zip				Zip Cou			5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
	6. Name	and Address of Cur	rent Registere	d Agent	_	and the same	7. 1	Name and Address of New Register	ed Agent			
		· · · · ·				Name			-			
DEMENT, LARRY T						Chart Address (D.O. Berthards in N. A.						
11840 BR	ADY ROAD				Street Address (P.O. Box Number is Not Acceptable)							
	VILLE FL 32	2223										
		City				Z IF	p Code	e				
8. The above the obligat	named entity tions of regist	y submits this stateme ered agent.	ent for the purp	ose of changing its re	egistere	d office or re	gistered ag	gent, or both, in the State of Florida. Ta	ım familiar	with,	and accept	
SIĞNATURE .	Signature, typed	or printed name of registered	agent and title if app	icable. (NOTE: I	Registered	Agent signature	required when re	einstating) DAT	F			
					- Iogistoroz	- Tigani orginatoro	TOGOTOG WINDITTE	DA:				
		! FEE IS \$150.00 3 Fee will be \$550						9. Election Campaign Financing	,	\$5.00	May Be	
		Florida Departme	ſ	State '				Trust Fund Contribution. Added to Fee			to Fees	
10.	OFFICERS AND I			DIRECTORS 11.			AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			S IN 11	
TITLE	PRES			☐ Delete	TITLE				☐ Ch	ange	☐ Addition	
NAME	DEMENT, L	ARRY T PRES			NAME							
STREET ADDRESS	11840 BR					TADDRESS						
CITY-ST-ZIP	 	/ILLE FL 32223			CITY-	ST-ZIP						
TITLE	SEC			Delete	TITLE	İ			☐ Ch	ange	☐ Addition	
NAME		EVELYN J SEC			NAME							
STREET ADDRESS	11840 BRA					TADDRESS						
CITY-ST-ZIP	JACKSUNV	/ILLE FL 32223			CITY-	SI - ZIP	-					
TITLE ~				Delete	TITLE	_			Cha	ange	☐ Addition	
NAME STREET ADDRESS		-			NAME							
DITY-ST-ZIP					CITY-	T ADORESS						
		·*·*			-):- ZIF						
TTLE IAME				☐ Delete	TITLE				☐ Cha	ange	☐ Addition	
TREET ADDRESS					NAME	ADDRESS		•				
ITY-ST-ZIP					CITY-S							
ITLE				☐ Delete	TITLE			•	(7) (1)			
IAME				Last Defete	NAME				Cha	inge	☐ Addition	
TREET ADDRESS						ADDRESS						
ITY-ST-ZIP					CITY-S							
ITLE				☐ Delete	TITLE	-	TOL	- 11-11	☐ Cha		Addition	
AME	•			55.56	NAME					90		
TREET ADDRESS					STREET	ADDRESS					ł	
ITY-ST-ZIP					CITY-5	T-ZIP						
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 904-888-7032 Date Daytime Phone # CR2E034 (10/0