

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90115 011 \*\*\*150.00

**DOCUMENT # P01000024675**

1. Entity Name  
**SOUTHERN INVESTMENT GROUP, INC.**



Principal Place of Business  
**4528 RED OAK ST  
MARIANNA FL 32446**

Mailing Address  
**4528 RED OAK ST  
MARIANNA FL 32446**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3702962**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BONDURANT, FRANK E  
4450 LAFAYETTE ST  
MARIANNA FL**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **CALTON, JIMMY S**  
STREET ADDRESS **226 E BROAD ST**  
CITY-ST-ZIP **EUFULA AL 36072**

TITLE **D** ☐ Delete  
NAME **CALTON, CAROL B**  
STREET ADDRESS **226 E BROAD ST**  
CITY-ST-ZIP **EUFULA AL 36072**

TITLE **D** ☐ Delete  
NAME **CALTON, WALTER**  
STREET ADDRESS **P.O. BOX 696**  
CITY-ST-ZIP **EUFULA AL 36027**

TITLE **D** ☐ Delete  
NAME **CHRISTOPHER, DOUGLAS**  
STREET ADDRESS **1130 COUNTRY CLUB CIR**  
CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE **D** ☐ Delete  
NAME **HOLLEY, JAMES R**  
STREET ADDRESS **3923 OLD COTTONDALE RD**  
CITY-ST-ZIP **MARIANNA FL 32448**

TITLE **D** ☐ Delete  
NAME **HOLLEY, JANICE**  
STREET ADDRESS **3923 OLD COTTONDALE RD**  
CITY-ST-ZIP **MARIANNA FL 32448**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/03**  
Date

**850 482-5842**  
Daytime Phone #

CR2E034 (10/02)