

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000147219

1. Entity Name  
DEEP SOUTH SURPLUS OF FLORIDA, INC.



FILED  
08 NOV -4 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
801 BRICKELL AVENUE  
SUITE 1450  
MIAMI, FL 33131

Mailing Address  
801 BRICKELL AVENUE  
SUITE 1450  
MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10092008

Chg-P

CR2E034 (12/06)

4. FEI Number  
02-0657846

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRONTE, JAMES C  
801 BRICKELL AVENUE  
SUITE 1450  
MIAMI, FL 33131

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 reissuing)

900137858539

11/12/08 01052-001 \*\*\$1.25

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S/D ☒ Delete  
NAME DISIERE, FRANCIS H  
STREET ADDRESS 9692 NORRIS FERRY RD  
CITY-ST-ZIP SHREVEPORT, LA 71106

TITLE Director (D) ☐ Change ☒ Addition  
NAME Susan Rivera  
STREET ADDRESS Wall Street Plaza, 88 Pine St.  
CITY-ST-ZIP New York, NY 10005

TITLE D ☐ Delete  
NAME DUGAN, MICHAEL P  
STREET ADDRESS 333 TEXAS ST, STE 725  
CITY-ST-ZIP SHREVEPORT, LA 71101

TITLE Director (D) ☐ Change ☒ Addition  
NAME Geoff Gregory  
STREET ADDRESS 300 Galleria Parkway SE, Suite 900  
CITY-ST-ZIP Atlanta, GA 30339

TITLE T/D ☐ Delete  
NAME TROTTER, MICHAEL R  
STREET ADDRESS 6363 N STATE HWY 161 STE 100  
CITY-ST-ZIP IRVING, TX 75038

TITLE Treasurer (T) ☒ Change ☐ Addition  
NAME Michael R. Trotter  
STREET ADDRESS 6363 N. State Hwy 161, Ste 100  
CITY-ST-ZIP Irving, TX 75038

TITLE P ☐ Delete  
NAME ELLERS, RUSSELL  
STREET ADDRESS 2049 CENTURY PARK EAST, STE 2700  
CITY-ST-ZIP LOS ANGELES, CA 90067

TITLE Director (D) ☐ Change ☒ Addition  
NAME Christopher Fish  
STREET ADDRESS Wall Street Plaza, 88 Pine Street  
CITY-ST-ZIP New York, NY 10005

TITLE VP ☐ Delete  
NAME FRONTE, JAMES C  
STREET ADDRESS 801 BRICKELL AVE, STE 1450  
CITY-ST-ZIP MIAMI, FL 33131

TITLE Assistant Secretary (AS) ☐ Change ☒ Addition  
NAME Roberta Anderson  
STREET ADDRESS Wall Street Plaza, 88 Pine Street  
CITY-ST-ZIP New York, NY 10005

TITLE AS ☐ Delete  
NAME HORTON, ROY W  
STREET ADDRESS 6363 N STATE HWY 161 SUITE 100  
CITY-ST-ZIP IRVING, TX 75038

TITLE Secretary (S) ☒ Change ☐ Addition  
NAME Roy W. Horton  
STREET ADDRESS 6363 N. State Hwy 161, Suite 100  
CITY-ST-ZIP Irving, TX 75038

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 and Typed or Printed Name of Signing Officer or Director

Secretary

10/9/2008

2144934235

Date

Daytime Phone #

11/5