

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 27 PH 12: 58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P06268**

**(7)**

1. Corporation Name

**SOUTH LATH, INC.**

Principal Place of Business

**8419 SABAL INDUSTRIAL BLVD.  
TAMPA FL 33619**

Mailing Address

**8419 SABAL INDUSTRIAL BLVD.  
TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**05/31/1985**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**58-1569553**

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 has capacity for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

**21 2970 PEACHTREE RD**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

Suite, Apt. #, etc.

**22 SUITE 340**

Suite, Apt. #, etc.

City & State

**23 ATLANTA GA**

City & State

**28**

Zip

**24 30305**

Country

**25 FLORIDA**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**RAMEY, SANDRA D  
1414 TOPSAIL PLACE  
VALRICO FL 33594**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |
|----------------|--------------------|
| TITLE          | P                  |
| NAME           | WATSON, JOHN P.    |
| STREET ADDRESS | 2810 RIVERS RD.    |
| CITY, ST, ZIP  | ATLANTA GA         |
| TITLE          | VP                 |
| NAME           | WATSON, ALLISON    |
| STREET ADDRESS | 2810 RIVERS RD.    |
| CITY, ST, ZIP  | ATLANTA GA         |
| TITLE          | S                  |
| NAME           | RAMEY, SANDRA D    |
| STREET ADDRESS | 1414 TOPSAIL PLACE |
| CITY, ST, ZIP  | VALRICO FL         |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY, ST, ZIP  |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY, ST, ZIP  |                    |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sandra D. Ramey*

SANDRA D. RAMEY

4/24/95

813 623-5504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Type Name)