

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000085306

Entity Name: SOUTHPOINT WADE, INC.

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

569 EDGEWOOD AVENUE SOUTH  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

569 EDGEWOOD AVENUE SOUTH  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 26-3643522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

F&L CORP  
ONE INDEPENDENT DR SUITE 1300  
JACKSONVILLE, FL 322025017 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: MCARTHUR, WILLIAM A  
Address: 569 EDGEWOOD AVENUE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32205

Title: V  
Name: HENDRIX, CHARLES N  
Address: 569 EDGEWOOD AVENUE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32205 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM A. MCARTHUR

PRES

04/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date