## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(6)

SOUTH	IPOINT CONSTRUCTION CO	OMPANY		I 1885/ARD FOR THAT BY BY BIRTH BRITH ARTH ARTH AND PROPERTY.	BIBN AIGH BHAN BHAN NA
1	e of Business	Mailing Address			
2727 OLD CANTON ROAD PO BOX 4628 JACKSON MS 39216 JACKSON MS 39296					
W. 101.0011 Jan		phonoon mo doco		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
				05/11/1987	
<b>⊢</b> − '	Place of Business	2a. Mailing Address	<del>.</del>	4. FEI Number	Applied For
Suite, Apt	W -1-	26		64-0636892	Not Applicable
22 Suite, Apr.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		& Etaction Compaign Financing	<del>-</del>
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	
24	25	29	30	· 1	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
CT CORPORATION SYSTEM			81 Name		
1200 S. PINE ISLAND ROAD			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
PU	ANTATION FL 33324				
			83		
			84 City	<b>—</b>	85 Zip Code
11 Purcunat	to the provisions of Sections 607.0(0)	2 and 607 1500. Florida Statut		FL	
office or r	egistered agent, or both, in the State	of Florida. Such change was a	authorized by the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the app	ointment as registered
!	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered age-	of and little if applicable (NO1)	L: Registered Agent signature requ	pired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PVS	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BULLOCK, ROBERT E.		1.2 NAME		
STREET ADDRESS	2727 OLD CANTON RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS		1.4 CITY-ST-ZIP		
TITLE	BUILDON MADY C	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BULLOCK, MARY S. 1635 MAYWOOD CR.		2.2 NAME		
STREET ADDRESS	JACKSON MS		2.3 STREET ADORESS		
CITY-ST-ZIP	D D	DELETE	2. 4 CITY-ST-ZIP		1 Acc. 1 Acc.
TITLE NAME	BULLOCK, ROBERT E.	רו אנונונ .	3 1 TITLE		Change Addition
STREET ADDRESS	2727 OLD CANTON RD.		3.2 NAME		
CITY-ST-ZIP	JACKSON MS		3.3 STREET ADDRESS		
TITLE	V	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, PATRICIA BULLO		4. 2 NAME		- coming
STREET ADDRESS	1635 MAYWOOD CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CIJY-ST-ZIP		

14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual reporter or director of the compression or the receipt of the Block 12 or Block 13 if changed, or or an all the supplied of the sup ne exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an ocute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Apr 01 1998 8:00am

Secretary of State