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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPÓRATIONS

DOCUMENT # P21993 SOUTHERN STORE FIXTURES, INC.

(1)

FILED May 16 1997 8:00am Secretary of State

Principal Plac 275 DREXEL R BESSEMER AL	OAD. S.E.	Mailing Address 275 DREXEL ROAD. S.E. BESSEMER AL 35023-6418	<u>;</u>				
A 8 .					3. Date Incorporated or Qualified 12/05/1988	3a. Date of La 04/04/199	
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number 63-0814780		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				¬ \$8:	Not Applicable 75 Additional
22		27	·		5. Certificate of Status Desired	7	e Required
City & Stat	e	City & State			6. Election Campaign Financing		.00 May Be
Zip	Country	28	Country	,	Trust Fund Contribution 8. This corporation has liability for i		ded to Fees
		29			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sime\) No		
	9. Name and Address of Curre	nt Registered Agent		r	10. Name and Address of New Re	jistered Agent	
	CORPORATION SYSTEM		81	Name			
	O SOUTH PINE ISLAND ROAD NTATION FL 33324		82	Street Add	lress (P.O. Box Number is Not Acceptab	le)	
FLM	MINION FL 33324		83				
			84	0.4			
				City			Zip Code
OHIGH OF F	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	gations of, Section 607.0505, Flo	orida Statute	the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changilit the appointmen	ng its registered it as registered
12.		ID DIRECTORS	13.	r aigna.urc raqu	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	PID	DELETE	1.1 TITLE			☐ Char	
NAME	CARY, WILLIAM E., JR.		1.2 NAME				
STREET ADDRESS	278 DREXEL ROAD SE BESSEMER AL		13 STREET				
CITY-ST-ZIP	SD SD	DELETE	14 CHY-S	7 - 7IP			
NAME	CARY, CONNIE L.		2.1 TITLE 2.2 NAME			Char	nge L Addition
STREET ADDRESS	275 DREXEL ROAD S.E.		2.3 STREET	ADDRESS			
CITY-ST-ZIP	BESSEMER AL		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 THILE			☐ Chan	nge Addition
NAME			3.2 NAME				
STREET ADDRESS	•		3.3 STREE1				
CITY-ST-ZIP TITLE		DELETE	3.4, CITY - 5	ST-ZIP		Chan	nge Addition
NAME .			4. 2 NAME			L Cital	ige reconten
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 _, CHY-S	T-ZIP			
TITLE		☐ DELETE	51 TITLE			☐ Chan	nge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET				
CITY-ST-ZIP		DELETE	5 4 CITY - S 6 1 TITLE	1 - ZIP		☐ Chan	ngo Addition
NAME		Decem	6.2 NAME			i cusu	nge L. Addition
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	I - Z(P			
14. I do hereb information I am an of	by certify that the information supplied in indicated on this annual report or ficer or director of the corporation of	d with this filing does not qualif supplemental annual report is to the receiver or trustee empow	v for the eye	motion stated	d in Section 119.07(3)(i). Florida Statules I my signature shall have the same legal It as required by Chapter 607, Florida St	. I further certify t eflect as if made atules; and that r	that the under oath; that my name