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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P26344** 

1. Corporation Name

**FILED** Feb 15, 1999 8:00am **Secretary of State** 

02-15-1999 90028 038 \*\*\*158.75

SOUTH A	alabama iimbekland,	INC.						
Principal Place	of Business	Mailing Address				811 8182 81811 81811 81812 81811 81	Dát AIAIL FASI	
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901 SO. 3 NOTCH ST. P. O. BOX 755		P. O. BOX 755			DO NOT WE	TE IN THIS SPACE		
TROY AL 36081		TROY AL 36061			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified			
					10/06/1989			
0.00	and Programme	2a. Mailing Address	<del></del>		4. FEI Number	Apr	lied For	en:
2. Principal Place of Business		<u> </u>			63-0755419	1	Applicable	0.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A		3
¬ '		27			5. Certifcate of Status Desired	Fee Rec	quired	
City & State		City & State			6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip		untry	8. This corporation owes the curr		ETAILS	
24	25	29	30		Personal Property Tax.		⊡No	
	9. Name and Address of Cur	rrent Registered Agent		81 Name	10. Name and Address of New I	wedistelen Want		
14/4	OOM MARIETANA DE HI					<u> </u>		
WATSON, WILLIAM B III 527 E UNIVERSITY AVE				82 Street A	dress (P.O. Box Number is Not Acceptable)			
321	NESVILLE FL 32601			83	· · · · · · · · · · · · · · · · · · ·	W. STATE LONG THE PARTY OF THE		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: