

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33347 (6)  
1. Corporation Name  
SOUTHERN REFRESHMENT, INC.

Principal Place of Business  
RT 4, BOX 435  
OXFORD MS 38655  
US

Mailing Address  
RT 4, BOX 435  
OXFORD MS 38655  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1991

4. FEI Number

64-0746763

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 314 State Hwy 7 South

Suite, Apt. #, etc.

City & State

23 Oxford MS

Zip

24 38655

Country

25 Lafayette

2a. Mailing Address

26 314 State Hwy 7 South

Suite, Apt. #, etc.

City & State

28 Oxford MS

Zip

29 38655

Country

30 Lafayette

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C D ☐ DELETE

NAME JORDAN, C.M.

STREET ADDRESS 208 CEDAR

CITY-ST-ZIP OXFORD MS

TITLE P D ☐ DELETE

NAME JORDAN, LYNA

STREET ADDRESS 208 CEDAR

CITY-ST-ZIP OXFORD MS

TITLE D ☐ DELETE

NAME JORDAN, B.J.

STREET ADDRESS 201 CEDAR

CITY-ST-ZIP OXFORD MS

TITLE V ☐ DELETE

NAME SMITH, STEFFANIE

STREET ADDRESS ROUTE 4, BOX 445C

CITY-ST-ZIP OXFORD MS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3906 Eagle Cove  
Oxford, MS

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3906 Eagle Cove  
Oxford, MS

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3729 Lyles Drive  
Oxford, MS

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

700002625187  
-08/26/98--01026--029  
\*\*\*150.00

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:  8-10-98 601-234-4707

CR2E034 (5/98)

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**SOUTHERN REFRESHMENT, INC.**

314 STATE HIGHWAY 7 SOUTH  
OXFORD, MS 38655  
(601) 234-4807

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**Memo**

TO: Sandra B. Mortham

FROM: Steffanie Smith

RE: 1998 annual report for State of Florida

DATE: August 4, 1998

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Please accept the filing fee of \$150.00 as current. The county in which we are located has recently changed to the 911 emergency system, which required us to change our address. We were not contacted until recently that much of our mail had not been delivered because we had not made the proper address changes. We were unaware that we must make this change. We are not aware why we never received the first annual report but received the second. Please consider this and abate the \$400.00 penalty.

Thank you for your consideration. We have made the proper changes to our annual report.