FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 PM 12:07

DOCUMENT # **P35609** **(7)**

1. Corporation Name
SOUTHERN PROPERTY HOLDINGS CORPORATION

Principal Place of Business	Mailing Address
300 BELLEVUE PARKWAY SUITE 140 WILMINGTON DE 19809 US	300 BELLEVUE PARKWAY SUITE 140 WILMINGTON DE 19809 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1991
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business	2a. Mailing Address
21 1415 Foulk Road	26 1415 Foulk Road
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Wilmington, DE	City & State 28 Wilminton, DE
Zip 24 19803 Country 25 USA	Zip 29 19803 Country 30 USA

4. FEI Number: 51-0336306 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	1.1 TITLE	EVP, CFO, Director	☒ Change ☐ Addition
NAME	BUCHANAN, KIM P.	1.2 NAME		
STREET ADDRESS	8875 HIDDEN RIVER PARKWAY	1.3 STREET ADDRESS	100 N. Tampa Street, Suite 3600	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	SVP	2.1 TITLE	***** Delete *******	☒ Change ☐ Addition
NAME	GARRITY, MARTIN A.	2.2 NAME		
STREET ADDRESS	8875 HIDDEN RIVER PARKWAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	VP, Secretary	☒ Change ☐ Addition
NAME	VOSS, DEANNA	3.2 NAME		
STREET ADDRESS	300 BELLEVUE PARKWAY, SUITE 140	3.3 STREET ADDRESS	1415 Foulk Road, Suite 100	
CITY-ST-ZIP	WILMINGTON DE	3.4 CITY-ST-ZIP	Wilmington, DE 19803	
TITLE	SVP	4.1 TITLE		☒ Change ☐ Addition
NAME	BEALE, CHARLES L.	4.2 NAME		
STREET ADDRESS	300 BELLEVUE PARKWAY, SUITE 140	4.3 STREET ADDRESS	100 N. Tampa Street, Suite 3600	
CITY-ST-ZIP	WILMINGTON DE	4.4 CITY-ST-ZIP	Tampa, FL 36602	
TITLE	SVP	5.1 TITLE	SVP, CIO, Treasurer	☒ Change ☐ Addition
NAME	AUGER, MICHAEL C.	5.2 NAME		
STREET ADDRESS	8775 HIDDEN RIVER PKWY	5.3 STREET ADDRESS	100 N. Tampa Street, Suite 3600	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	CEO	6.1 TITLE	Vice Chairman, Director	☒ Change ☐ Addition
NAME	GIBBS, THOMAS E.	6.2 NAME		
STREET ADDRESS	50 N LAURA ST 28TH FLOOR	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Deanna Voss Deanna Voss 3/2/95 (302) 477-5979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474334 FP