

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90036 019 ***150.00

DOCUMENT # P37465

1. Corporation Name

SERVICE COMPANY SOUTH, INC.

Principal Place of Business

P.O. BOX 6302
MOBILE AL 36660-0302
US

Mailing Address

P.O. BOX 6302
MOBILE AL 36660-0302
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1992

4. FEI Number

63-1058319

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WALTON, NORMAN
STREET ADDRESS 7511 HOWELLS FERRY ROAD
CITY-ST-ZIP MOBILE AL 36608

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME ROONEY, L. FRANCIS
STREET ADDRESS 411 WEST FIFTH STREET, SUITE 1000
CITY-ST-ZIP TULSA OK

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

5601 S. 122nd East Ave.
Tulsa, OK 74146

TITLE DP ☐ DELETE
NAME TYRRELL, THOMAS M.
STREET ADDRESS 2735 MAUVILLA DRIVE
CITY-ST-ZIP MOBILE AL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST ☐ DELETE
NAME LAWSON, JIM
STREET ADDRESS 323 W BROADWAY, 7TH FLOOR
CITY-ST-ZIP MUSKOGEE OK 74401

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5601 S. 122nd East Ave.
Tulsa, OK 74146

TITLE V ☐ DELETE
NAME WALTON, WILLIAM
STREET ADDRESS 7511 HOWELLS FERRY ROAD
CITY-ST-ZIP MOBILE AL 36608

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE AS ☐ DELETE
NAME MOORE, KATHY R
STREET ADDRESS 2735 MAUVILLA DRIVE
CITY-ST-ZIP MOBILE AL 36608

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

918 878 3342
Daytime Phone #

CR2E034 (1/98)