

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
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90038 040 ***158.75

DOCUMENT # P39729

1. Corporation Name

ALASKA SOUTHERN INVESTMENTS, INC.

Principal Place of Business

341 WEST TUDOR, SUITE 202
ANCHORAGE AK 99503

Mailing Address

PO BOX 35
EUREKA CA 95502
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1992

4. FEI Number

92-0140605

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

21 323 FIFTH STREET

Suite, Apt. #, etc.

22

City & State

23 EUREKA, CA

Zip

24 95501

Country

25 HUMBOLDT

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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 ☐ DELETE

NAME
PCD
ARKLEY, ROBIN P., II
STREET ADDRESS
11911 JUSTICE AVENUE
CITY-ST-ZIP
BATON ROUGE LA

TITLE ☐ DELETE

NAME
EVP
MENDHEIM, JACK
STREET ADDRESS
11911 JUSTICE AVENUE
CITY-ST-ZIP
BATON ROUGH LA

TITLE ☐ DELETE

NAME
EVP
LEND M LEAL
STREET ADDRESS
605 4TH ST
CITY-ST-ZIP
EUREKA CA 95501

TITLE ☐ DELETE

NAME
S
ROBIN P. ARKLEY II
STREET ADDRESS
323 FIFTH STREET
CITY-ST-ZIP
EUREKA, CA 95501

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
323 FIFTH STREET
1.4 CITY-ST-ZIP
EUREKA, CA 95501

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
323 FIFTH STREET
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEND M. LEAL, 4/13/99, (800) 603-0836

Date

Daytime Phone #

CR2E034 (1/98)

0560292