

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

FILED
May 11 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 # P93000005488 (0)
1. Corporation Name
FIRST SOUTH SERVICES, INC.

Principal Place of Business 11100 SAN JOSE BLVD JACKSONVILLE FL 32223	Mailing Address 11100 SAN JOSE BLVD JACKSONVILLE FL 32223
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3209612		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WELLS, CLYDE N JR 11100 SAN JOSE BLVD JACKSONVILLE FL 32223		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Assistant Secretary
NAME	DRUMMOND, W. JOHN	1.2 NAME	Karen Hillan
STREET ADDRESS	11125 STOWE COTTAGE LN	1.3 STREET ADDRESS	4065 Tyndel Creek Pl
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	DVP	2.1 TITLE	
NAME	GARDNER, THOMAS A	2.2 NAME	
STREET ADDRESS	11100 SAN JOSE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	WELLS, CLYDE N JR	3.2 NAME	
STREET ADDRESS	5032 ORTEGA FOREST DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	ALTERS, TIMOTHY D	4.2 NAME	
STREET ADDRESS	4500 SALISBURY DR STE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	ASAT	5.1 TITLE	
NAME	HOCKER, SHARON B.	5.2 NAME	
STREET ADDRESS	10604 SCOTT MILL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	Assistant Secretary	6.1 TITLE	
NAME	Karen Hillan	6.2 NAME	
STREET ADDRESS	4065 Tyndel Creek Pl	6.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL	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: _____

3/30/98 (204) 62-0600

CR2E034 (10/97)