

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000007764 (2)**

1. Corporation Name

SOUTHSIDE PROPERTY MANAGEMENT & DEVELOPMENT INC.



Principal Place of Business

Mailing Address

P.O. BOX 17033
ST. PETERSBURG FL 33733

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ST. PETERSBURG FL 33733

3. Date Incorporated or Qualified
01/27/1993

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **1371 16TH ST. SO**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **ST PETERSBURG**

28

Zip

Country

Zip

Country

24 **33705**

25 **Pinellas**

29

30

4. FEI Number
59-3162151

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

**CARPENTER, ALONZA
5965 5TH ST SOUTH
ST. PETERSBURG FL 33705**

81 Name **ALONZA CARPENTER**

82 Street Address (P.O. Box Number is Not Acceptable)
1371 16TH STREET SOUTH

83

84 City **ST PETERSBURG**

FL

85 Zip Code **33705**

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

Alonza Carpenter

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 DELETE
NAME **D CARPENTER, ALONZA**
STREET ADDRESS **5965 5TH ST S**
CITY - ST - ZIP **ST. PETERSBURG FL**

11 TITLE Change Addition
12 NAME **ALONZA CARPENTER**
13 STREET ADDRESS **1371 16TH STREET SO**
14 CITY - ST - ZIP **ST PETERSBURG, FL 33705**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alonza Carpenter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 JULY 96 (813) 827-0756

DATE

TELEPHONE NUMBER

CR2E034 (3/96)