


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

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Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P93000037277 (9)</b>			
1. Corporation Name <b>SOUTHERN FORMING AND SUPPLY, INC.</b>			
Principal Place of Business <b>4527 SUNBEAM RD JACKSONVILLE FL 32257 US</b>		Mailing Address <b>PO BOX 23609 JACKSONVILLE FL 32241-3609 US</b>	
2. Principal Place of Business 21 <b>4527 Sunbeam Rd</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>PO Box 23609</b> Suite, Apt. #, etc.	
22 <b>Jacksonville, FL</b> City & State		27 <b>Jacksonville, FL</b> City & State	
23 <b>32257</b> Zip		28 <b>32241-3609</b> Zip	
24 <b>Duval</b> County		29 <b>Duval</b> County	
9. Name and Address of Current Registered Agent <b>MEIDE, MOSES 817 N. MAIN STREET JACKSONVILLE FL 32202</b>			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 11.1 TITLE <b>DP</b> <input type="checkbox"/> DELETE 11.2 NAME <b>DENNY, MERVIN G</b> 11.3 STREET ADDRESS <b>10830 SCOTT MILL RD.</b> 11.4 CITY-ST-ZIP <b>JACKSONVILLE FL</b>			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
14. I do 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: <b>mervin D. Denny</b> 3/11/97 904739-3476 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)