

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

09-09-2003 90030 001 \*\*\*140.00  
FL P93000037277

03 SEP 12 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037277

1. Entity Name

Southern Forming & Supply Inc.



DO NOT WRITE IN THIS SPACE

55056109

2. Principal Place of Business

4527 Sunbeam Road

3. Mailing Address

P.O. Box 23609

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-31-88511

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32241

Country

USA

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Arnold H. Slott

Street Address (P.O. Box Number is Not Acceptable)

334 East Duval St

City

Jacksonville

FL

Zip Code

32202

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1, May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Charles H. Denny IV
STREET ADDRESS	10830 Scott Mill Road
CITY-ST-ZIP	Jacksonville, FL
TITLE	Secretary Treasurer
NAME	Grant L Denny
STREET ADDRESS	13389 Tropic Egret Dr.
CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	Director
NAME	Mervin G Denny
STREET ADDRESS	5 Loggerhead Lane
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DO NOT WRITE  
IN THIS SPACE

9/8/12

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grant L Denny

9/8/03

904 887-0510

Date

Daytime Phone #

CR2E034B (12/02)